



April 2022

AN HISTORIC SESSION - MARYLAND MEDICAL ASSISTANCE PROGRAM – Dental coverage for adults passes in the Maryland General Assembly, Governor Hogan to sign bill authorizing dental coverage for adults in Maryland

Thanks to your years of hard work and dedication, adult dental coverage in Medicaid is now a reality! It has been the commitment and steadfast resolve of oral health champions in the Maryland General Assembly to advance oral health equity that secured passage of legislation to establish adult dental coverage as part of Maryland Medical Assistance Program. We are profoundly grateful to 2022 bill sponsors Senator Malcolm Augustine (D-Prince George's County), Senator Guy Guzzone (D-Howard County), Delegate Bonnie Cullison (D-Montgomery County) and Delegate Mike McKay (R-Washington and Garret Counties), as well as Governor Hogan for his support and allocation of funding in the budget for the program. Starting January 2023, for the first time in over three decades, Maryland's Medicaid adult population will have access to preventive, diagnostic, restorative, and periodontal dental care, through Maryland Medical Assistance Program.

Many of you participated in MDAC's multi-year campaign to secure Medicaid adult dental coverage. Although Maryland is a national model for improving the oral health of children, many Maryland adults face serious financial obstacles to obtaining dental care. These challenges unfairly put many of our most vulnerable citizens at risk of untreated pain and serious health issues. In 2015, the MDAC Board of Directors unanimously agreed to shift the focus of organizational efforts towards improving the oral health of adults. For the past seven years, the coalition has worked tirelessly each year to improve equitable access to oral health care in Maryland by taking incremental steps each year to integrate oral health care into state systems increased availability of much needed dental care for many vulnerable adults and improvement in their overall oral health status.

MDAC's network and partnerships remain its greatest asset, for which we are profoundly grateful. This potentially life-saving achievement would not have happened without you. At a moment's notice, hundreds of you pledged your support of legislation, rearranged schedules to testify at bill hearings, or provided written testimony in support of the legislation. The response was overwhelming, with individuals and representatives from state, local, and grassroots organizations actively communicating about the legislation within their networks and most importantly, with their respective state representatives. Thank you!

Special recognition and acknowledgement also goes to current and past members of the MDAC Board of Directors, the MDAC Medicaid Adult Dental Collaborative, MDAC Policy Committee members, state and national funding organizations whose continued support of MDAC's campaign was crucial to this outcome - Abell Foundation, CareQuest Institute for Oral Health, and Leonard & Helen R. Stulman Charitable Foundation – and MDAC Government Affairs consultant Robyn Elliott from Public Policy Partners, whose expertise and strategic vision has superbly guided MDAC's advocacy work to this monumental achievement.

While there is much to celebrate, there is also a lot of work to do. Similar to statewide efforts to ensure the success of the Medicaid Adult Dental Waiver Program, MDAC will be working with partners and stakeholders in the coming months to facilitate the roll-out and implementation of the Maryland Medical Assistance Program – Dental Coverage for Adults program. Again, your participation in these efforts is encouraged and greatly appreciated.

ADDITIONAL, SIGNIFICANT WINS DURING 2022 MGA SESSION Legislation will facilitate integration of maternal and oral health

New legislation now ensures that dental hygienists can practice in the office of a physician who provides pre-natal or primary care services. When patients come for an appointment with their physician, they can also get basic preventative dental services from a dental hygienist. The dental hygienist can then assist

patients with the referral to a dentist in order to establish permanent dental homes. The Maryland General Assembly authorized this type of co-location arrangement with dental hygienists and physicians in 2019. This year, state legislators recognized that this co-location arrangement should not be limited to just physician offices; nor should this arrangement be limited to just primary and pre-natal care physicians, given postpartum care is critical as well. During the 2022 session, legislators passed a bill authorizing dental hygienists to co-locate in the practices of nurse practitioners, nurse-midwives, and certified midwives, for both prenatal and postpartum care. Good oral health is essential to good overall health, particularly during pregnancy, the postpartum period, and early childhood when many health-related habits are established. This legislation will facilitate the integration of maternal and oral health as well as significantly address workforce issues women often face in rural counties.



GOVERNOR SIGNS BILL EXEMPTING ORAL HYGIENE PRODUCTS

On April 1, Governor Hogan signed legislation that would exempt oral hygiene products from the state's sales and use tax. Specifically, the bill exempts state sales and use taxes being applied to the sales of toothbrushes, toothpaste, mouthwash, dental floss or other similar oral hygiene products.

Tooth decay is prominent in both children and adults. The use of dental hygiene products can help prevent this. Oral health professionals recommend the following:

- Replacing toothbrushes every three months
- Using approximately .25 grams of toothpaste when brushing your teeth

However, using large amounts of toothpaste and frequently replacing toothbrushes has cost implications that can be prohibitive for lower-income families and individuals. By eliminating a financial barrier to essential dental hygiene products, Maryland makes these products more affordable and facilitates the practice of good oral health behaviors to prevent tooth decay, cavities, and gum disease.

MARYLAND MEDICAID POSTPARTUM COVERAGE EXTENDED

Coverage for health services and dental care extended from 60 days to 12 months

Maryland Medicaid Pays for DENTAL CARE While You Are PREGNANT and for 12 Months After Delivery

Dental care is an important part of your prenatal care.

Seeing a dentist is just as important as seeing your doctor.

- The health of your teeth and gums affects the health of you and your baby.
- Taking good care of your mouth can help you have a healthy pregnancy.
- It is important to have healthy teeth and gums before and after you deliver.

It is safe, important, and recommended to visit your dentist during and after pregnancy.

- It is safe to get dental x-rays, teeth cleaning, and fillings.
- Finding and treating dental problems early can help keep you and your baby healthy.
- Your dental provider or pediatrician can show you how to take good care of your baby's mouth.

Maryland Medicaid pays for dental care while you are pregnant and for 12 months after the end of your pregnancy. Medicaid coverage includes:

- ✓ Dental X-Rays
- ✓ Teeth Cleaning
- ✓ Fillings

If you are on Medicaid, call (855) 934-9812 to find a dentist in your area who accepts Medicaid.

Although Maryland Medicaid covers dental services during pregnancy, in 2019 only 29 percent of pregnant women and 32 percent of young children ages birth to 3 years enrolled in Maryland Medicaid had a dental visit [2020 MDH/OOH Legislative Report].

Dental care is an important part of prenatal care because the health of a pregnant person's teeth and gums can affect the pregnancy. Physiological and behavioral changes during pregnancy can adversely affect oral health and lead to pain, nutritional deficiencies, dental decay, periodontal disease, as well as pregnancy complications such as low birth weight or premature births. According to the Centers for Disease Control and Prevention, it is estimated that 60 to 75% of pregnant women have gingivitis. Additionally, children born to mothers with poor oral health have an increased risk for developing tooth decay; the most prevalent—but preventable—chronic disease among children in the United States. Dental caries in children can lead to pain and serious health problems as well as affect their speech, school attendance, and self-esteem.

Pregnancy provides an opportune time to address oral health issues and provide oral health education. Studies have shown that when physicians talk about oral health during pre- and post-natal visits, their patients are more likely to visit a dentist during pregnancy as well as practice good oral hygiene habits and have children with fewer dental caries.

The state of Maryland is engaged in a comprehensive effort to improve maternal and child health, with a special focus on addressing health disparities. To bolster the state's strategy, on April 1, 2022, Maryland Healthy Smiles (Maryland's Medicaid Dental Program) extended dental coverage during pregnancy to the end of the 12th month following the end of the pregnancy. For example, if the pregnancy ended on December 10, 2022, the member will have dental benefits until December 31, 2023.

Maternal and child health outcomes can be greatly improved by ensuring access to care for at least a year beyond pregnancy. Extension of Maryland's Medicaid pregnancy benefits to 12 months postpartum gives MDAC an opportunity to encourage the integration of oral and obstetrics care, particularly at public health facilities with co-located medical and dental clinics. Furthermore, it gives MDAC members, partners, and

stakeholders additional time and opportunity to encourage physicians, nurse midwives, and nurse practitioners to improve maternal and child health outcomes by promoting utilization of Medicaid pregnancy/postpartum dental benefits.

STUDY SHOWS MEDICAID MAY HELP EQUALIZE DENTAL CARE

By the U.S. National Institute of Dental and Craniofacial Research (NIDCR)

Regular visits to the dentist can keep our mouths healthy and keep tooth decay and other problems at bay. Studies, however, have shown that most American adults do not see the dentist regularly. This is especially true for those with limited incomes, a group disproportionately represented by Hispanic and non-Hispanic Black adults.

These Americans have significantly higher rates of untreated tooth decay compared to non-Hispanic white adults. These oral health disparities have persisted over the last 20 years as recently confirmed in the new U.S. National Institutes of Health 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 narrowed racial and ethnic disparities in the use of dental services. The NIDCR-funded research was published in *Health Affairs*.

The 2010 passage of the "Patient Protection and Affordable Care Act" expanded eligibility for Medicaid and as a result, many people became newly eligible for medical and dental coverage in states that adopted Medicaid expansions in 2014.

Dr. Wehby's team analyzed responses from a nationally representative survey that asked U.S. adults about their health care, including their use of dental services, to assess if the change in Medicaid eligibility affects disparities in dental care. Among those adults who became newly eligible for Medicaid in 2014, the researchers compared responses from the prior three-year period (2011-2013) and the five-year period after (2014-2018) 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 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 offered more limited dental benefits in its expanded Medicaid coverage.

"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," Wehby said.

Despite the improvements, the authors noted that use of dental services 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 said. "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."

He 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," Wehby said.

Reprinted from the U.S. National Institutes of Health's National Institute of Dental and Craniofacial Research.

DISABILITY COUNCIL URGES PRESIDENT TO EXPAND MEDICAID DENTAL Asks for coverage for all adults with intellectual and developmental disabilities

The U.S. National Council on Disability (NCD), in a letter, urged President Joe Biden and the U.S. Centers for Medicare and Medicaid Services (CMS) to require all state Medicaid programs to provide dental benefits to adults with intellectual and developmental disabilities (I/DD).

The letter was part of a larger NCD report that examined the relationship between states' Medicaid dental benefits and outcomes. Of the 7.3 million adults with I/DDs in the US, sixty-one percent rely on Medicaid, which does not guarantee dental coverage in all states.

Both documents – NCD letter and larger report - explore whether CMS should require state Medicaid agencies to have reimbursement policies that promote dental care access and whether doing so would be cost-effective. The NCD report found that providing dental benefits to all U.S. adults with I/DD would generate a return on investment for state and federal governments. Currently, 12 states offer no or emergency-only Medicaid dental benefits for adults with I/DD. If these states provided dental benefits instead, the federal and 12 state governments could save more than \$7 million per year, the NCD report found.

"In this report, NCD examines the cost in those jurisdictions of not providing Medicaid dental benefits for adults with I/DD and determines that it is more cost effective and fiscally responsible to provide those benefits than to continue excluding those benefits," Gallegos wrote.

Adding dental Medicaid coverage in states that do not currently provide basic dental benefits would cost about \$19.6 million per year, the report found. However, reductions in emergency department visits and other types of hospital care would almost fully offset this expenditure. When the NCD added in reduced chronic disease costs, it projected that the states and federal government could see a ROI of about \$7.7 million per year beyond the initial cost.

MARYLAND RURAL HEALTH ASSOCIATION'S NEW EXECUTIVE DIRECTOR

Jonathan Dayton

The Maryland Rural Health Association (MRHA) Board of Directors recently announced Jonathan Dayton, MS, NREMT as the new Executive Director. A Western Maryland native and resident, Jonathan comes to the MRHA with an extensive background in health care delivery systems, value-based care models, rural community health care development, program development, administration, rural under-served community enhancement, and non-profit marketing. He has previous experience with the MRHA serving on the Conference Planning Committee for several years.

Before joining MRHA, Mr. Dayton served as the Community Relations and Population Health Manager for Mountain Laurel Medical Center, a federally qualified health center located in Oakland, MD. Previously, Jonathan served on the Mountain Laurel Medical Center Board of Directors and worked at UPMC-Western Maryland in physical therapy. Jonathan serves his community in various roles, including a volunteer firefighter/EMT with Potomac and Baltimore Pike Volunteer Fire Companies.

MDAC congratulates Mr. Dayton on his appointment to this leadership position at the association.

THE COMMUNITY HEALTH WORKER CERTIFICATION TRAINING PROGRAM

Over 1000 CHWs have been certified in Maryland!

MDAC has long recognized the critical role that CHWs play in helping individuals navigate pathways to good health. They work with individuals in their homes to improve health behaviors, address social determinants of health, and facilitate access to needed services. They also conduct workshops to help individuals manage chronic diseases and participate in outreach events to educate the public on the benefits of good health behaviors. CHWs provide a critical link to better health, working in health departments, clinics, senior centers, hospitals, area health education centers, and community organizations. The job of a community health worker requires core competencies including cultural humility; strong communication, interpersonal, observational, and organizational skills, and a solid foundation in care coordination, health education, outreach, and capacity building.

[The Community Health Worker \(CHW\) Certification Training Program Accreditation Application.](#) The Maryland Department of Health (MDH) is accepting accreditation applications from Community Health Worker (CHW) training programs. Individuals who complete an accredited CHW certification training program may apply to MDH for certification.

Webinars are listed below to learn about the requirements and application process for CHW training programs which are accredited by MDH, and the Maryland OneStop application process. Dates and Times for the webinars are:

- May 23, 2 pm - 3 pm
- June 23, 11 am - noon

[Register here](#) to pre-register for a webinar. Following the registration, your login information will be sent a few days prior to the webinar.

[Is it Time to Renew your CHW Certificate?](#) Community health worker (CHW) certificates are effective for two years from the issued date. Webinars are scheduled to address the requirements and application process for CHWs to renew a CHW certificate as well as information on the 20 hours of professional development required for CHW certificate renewal. CHW Certificate Renewal Application Webinars will be held on:

- May 11, 11 am - noon
- June 16, 11 am - noon

[Register here](#) for one of these webinars. Login information will be sent a few days prior to the webinar. For additional information on Community Health Worker Certificate Renewal in English, [click here](#). Para [más información](#) sobre la renovación del Certificado de Promotor(a) de Salud en español.

MARYLAND DEPARTMENT OF HEALTH RECOGNIZES ORAL CANCER AWARENESS MONTH

MDH encourages prevention of oral cancer by knowing the risks, getting screened



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

Baltimore, MD – April is *Oral Cancer Awareness Month*, and the Maryland Department of Health (MDH) encourages Marylanders to understand the risks of oral cancer and get screened.

Every hour, someone in the United States dies of oral or oropharyngeal cancer, which affects the back of the oral cavity and upper throat. If oral cancer is detected and treated early, health problems are reduced and survival rates may increase. The American Cancer Society estimates that in 2022 approximately 54,000 new cases of oral cancer will occur in the United States—and about 11,230 people will die from it. More than 500 Marylanders will be diagnosed this year.

This April, MDH has made available [resources](#) that raise awareness of the risks of oral cancer and encourage Maryland residents to see a dental health professional for an oral cancer examination, including:

- MDH's [Open Wide, Look Inside pamphlet](#)
- MDH's [Oral Cancer Screening brochure](#) (also available in [Spanish](#))
- An [oral cancer bulletin board poster](#) for dental providers and advocates

“Screening for oral cancer only takes a few minutes during a dental appointment,” said MDH Secretary Dennis R. Schrader. “Regular oral cancer screenings remain the best method for detecting oral cancer in its early stages.”

“Many residents have delayed screenings and routine care during the COVID-19 pandemic,” said MDH Deputy Secretary for Public Health Dr. Jinlene Chan. “Oral Cancer Awareness Month is the perfect time to see your dentist or other oral care provider to catch up on screening and routine care. When you visit, ask to be screened for oral cancer.”

Oral cancer is predominantly caused by tobacco use or excessive alcohol use. Signs and symptoms of oral cancer may include one or more of the following symptoms, which tend to be persistent and do not resolve on their own:

- Any sore or ulceration that does not heal within 14 days
- A red, white, or black discoloration of the soft tissues of the mouth
- Any abnormality that bleeds easily when touched
- A lump or hard spot in the tissue, usually along the border of the tongue
- Tissue raised above that which surrounds it or a growth
- A sore under a denture, which even after adjustment of the denture does not heal
- A lump or thickening that develops in the mouth
- A painless, firm, fixated lump felt on the outside of the neck that has been there for at least two weeks

Residents who have concerns about their oral health should contact a dental health care provider. MDH's *Oral Health Resource Guide*, available in both [English](#) and [Spanish](#), lists discounted, low-cost, and special-needs dental care resources available across the state.

Marylanders who would like support to quit tobacco can visit MDH's [Maryland's Tobacco Quitline](#) or call 1-800-QUIT-NOW (1-800-784-8669).

The Maryland Department of Health is dedicated to protecting and improving the health and safety of all Marylanders through disease prevention, access to care, quality management and community engagement.

Follow us at <http://www.twitter.com/MDHealthDept> and at [Facebook.com/MDHealthDept](https://www.facebook.com/MDHealthDept).

"As we work toward a more equitable recovery from the COVID-19 pandemic, we must transform our health care systems to ensure

that comprehensive pre- and postpartum care is universally available. Continuing to expand access to oral and overall health care before, during, and after pregnancy will change lives and bring us closer to real health equity."

~Myechia Minter-Jordan, MD, MBA, president and CEO, CareQuest Institute for Oral Health

NEWS & RESOURCES

Access to Care

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

[The ACA Has Boosted Oral Health Access, Now Let's Keep the Progress Going](#)

[Three Opportunities Facing Oral Health in 2022](#)

Cancer

[Oral cancer: Are you asking the right questions?](#)

[Maryland Comprehensive Cancer Control Plan](#)

COVID-19

[Dental groups join call for lead time ahead of end to expanded Medicaid benefits under public health emergency](#)

[COVID-19 vaccines may benefit oral health](#)

[Employment Patterns of Dental Hygienists in the United States During the COVID-19 Pandemic: An update](#)

Diabetes

[Maryland Diabetes Action Plan](#)

Disease Prevention

[New dental tool prototype can spot the acidic conditions that lead to cavities](#)

[Dental Sealants and Disease Prevention Points for Providers](#)

Health Equity

MD ADULT DENTAL WAIVER PROGRAM BY THE NUMBERS



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

According to Maryland Medicaid, from January 1, 2022 through March 29, 2022:

- **1,923** claims were submitted
- **1,475** unique members filed valid claims
- **34** members met annual \$800 cap
- **368** unique providers submitted claims
- **\$316,960.20** paid

From January 1, 2021 through December 28, 2021:

- **9,045** claims were submitted
- **4,472** unique members filed valid claims
- **370** members met annual \$800 cap
- **591** unique providers submitted claims
- **\$1,403,898.47** 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 **\$4,319,887.52** in dental services for thousands of Maryland adults.

2018-2023 MARYLAND ORAL HEALTH PLAN GOALS

[CMS Outlines Strategy to Advance Health Equity, Challenges Industry Leaders to Address Systemic Inequities](#)

[FUSA Fact Sheet: Advancing Equity in 2022: Federal Policy Priorities to Promote Health Equity and Health System Transformation](#)

[Community Voices: Recommendations to State Policymakers for Advancing Health Equity](#)

[Oral Health for All — Realizing the Promise of Science](#)

[NIDCR highlights need to improve health inequities](#)

Maternal and Child Health

[Helping You Help Moms: Oral Health Campaign Toolkit](#)

[Postpartum U.S. Women's Oral Health Knowledge, Attitudes, and Practices During Pregnancy](#)

[Tips for Good Oral Health During Pregnancy \(video\)"](#)

[USPSTF: Primary Care Clinicians with Younger Patients Should Prescribe, Apply Fluoride](#)

[Oral Health, Mental Health and Substance Use Treatment: A Framework for Increased Coordination and Integration](#)

[Integrating Oral Health Into Primary Care](#)

[A Qualitative Study of Health Care Providers' Views on Integrating Oral Health into Prenatal Care](#)

[Interprofessional Oral Health Collaboration: A Survey of Knowledge and Practice Behaviors of Hospital-Based Primary Care Medical Providers in New York City](#)

Medical/Dental Integration

[Variation in Current Guidelines for Fluoride Varnish Application for Young Children in Medical Settings in the United States](#)

[Missed Connections: Providers and Consumers Want More Medical-Dental Integration](#)

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.

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](#)

[Care Model Redesign: Navigating Digital Transformation Where Are You On the Risk-Taking Continuum April 24-26, 2022](#)

[State Level Recommendations on Health Equity: Community Voices: How State Policymakers Can Advance Health Equity 5/12 at 1pm ET](#)

[Henry Schein Dental Academy: A Lifetime of](#)

[Dental hygienists' scope of practice regulations and preventable non-traumatic dental emergency department visits: A cross-sectional study of 10 U.S. states](#)

[What Primary Care Innovation Teaches Us About Oral Health Integration](#)

Medicaid

[Three Reasons Why Adults on Medicaid Need Dental Coverage](#)

Oral Health Data

[National Oral Health Data Portal](#)

Oral Health Policy

[Time for Dental Care to be Considered Essential in US Health Care Policy](#)

Oral and Overall Health

[Oral Health: A Window to Your Overall Health](#)

[Healthy Mouth, Healthy You: The Connection Between Oral Health and Overall Health](#)

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

[Association Between Poor Oral Health and Developing Mental Health Issues Underscores Value of Dental Hygiene, says A-Z Dental Care](#)

Teledentistry

[Telemedicine for Older Adult Nursing Home Residents to Avoid Emergency Department Visits: The Experience of the NHTeleED Project in Maryland](#)

[The Growing Popularity of Dental Patient Portals](#)

[How a Virtual Visit to Your Dentist Can Help Keep Your Smile Bright](#)

Water Fluoridation

[All About Fluoride](#)

Workforce

[Community Health Center Workforce Survey](#)

[Optimum Oral Health Begins with Pediatric Preventive Care Webinar Registration, 5/26/2022 8:00 PM in Eastern Time \(US and Canada\)](#)

[Henry Schein Dental Academy Treating Patients Living With HIV+ Registration open for 6/27/2022 8:00 PM in Eastern Time \(US and Canada\)](#)

EVENTS

[Mid Atlantic Telehealth Resource Centers Annual Conference Concord, NC \(Virtual and In Person\) April 24-26, 2022](#)

[American Association for Community Dental Programs and Oral Health Florida Symposium \(virtual\) Theme: Forging Our Future for Oral Health Access and Equity April 28, May 5, and May 12, 2022 at 12:00–2:00 p.m. ET](#)

[2022 MDAC Virtual Leadership Summit: Optimizing Maryland's Nursing Workforce Monday, May 23, 2022 Virtual](#)

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

[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](#)

[Annual Rural Health Conference May 10-13, 2022 Albuquerque, N.M.](#)

[NNPHI Annual Conference, May 17-19, 2022](#)

[2021 Virtual Maryland Rural Health Conference October 24 – 25, 2022. Look for additional details in the spring of 2022!](#)

LEGISLATIVE CONTACTS

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

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

[Maryland State Legislators](#)

SUPPORT MDAC

[Dental hygienists' scope of practice regulations and preventable non-traumatic dental emergency department visits: A cross-sectional study of 10 U.S. states](#)

[Comparison of Dental Care Visits Before and After Adoption of a Policy to Expand the Dental Workforce in Minnesota](#)

[HHS Announces \\$226.5 Million to Launch Community Health Worker Training Program](#)
[The application deadline is June 14, 2022.](#)



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 member:

- Parween Torres, Managing Director, The Mobile Dentist

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

FOLLOW US

