State Oral Health Program Leadership

Senate Bill 590, Chapter 113 of the Acts of 1998 established the Office of Oral Health within the Department’s Family Health Administration (now the Prevention and Health Promotion Administration), and required that the Medicaid program offer oral health services to pregnant women enrolled in Medicaid managed care organizations (MCOs). It established a five-year Oral Health Care Plan that set utilization targets for MCOs.

Lack of access to oral health services is both serious and complex in scope, requiring a multi-faceted strategic approach. Maryland House Bill 30 (Ch. 528 of the Acts of 2007) and Senate Bill 181 (Ch. 527 of the Acts of 2007) established the Oral Health Safety Net Program within the Department’s Office of Oral Health. The purpose of the program is to support collaborative and innovative ways to expand oral health capacity for low-income, disabled, and Medicaid populations by awarding community-based oral health grants to local health departments, FQHCs, and other non-profit entities providing dental services within state facilities. These organizations use funds to contract with licensed dentists to provide public health expertise throughout the state. Additionally, this program provides continuing education courses to providers that offer oral health treatment to underserved populations.

In June 2007, the Maryland DHMH Secretary convened a Dental Action Committee (DAC) to develop recommendations to improve access to oral health care for vulnerable (disadvantaged and/or underinsured) children. This was in response to the death of a 12-year old Maryland child who passed away as the result of an untreated dental infection that spread to his brain. Through actions taken to achieve the goals outlined in the DAC’s recommendations, access to dental care for underserved Maryland children has significantly improved. The Governor, the Maryland General Assembly, DHMH and many public- and private-sector partners have collaborated to implement many of the DAC recommendations. In 2010, the DAC became an independent statewide dental coalition and was renamed the Maryland Dental Action Coalition (MDAC). The OOH actively collaborates with the MDAC to achieve progress on the major oral health recommendations and provides assistance and support to the development and implementation of Maryland’s statewide oral health plan.

DHMH requires a licensed dentist to act as the State Dental Director (i.e., OOH Director) to oversee the OOH and provide dental expertise on policy development, legislation, surveillance, protocol evaluation, provider recruitment, and continuing education courses for providers that offer oral health treatment to underserved populations. This legislation has also enabled the OOH to seek out new and creative strategies to enhance the oral health safety net, and to increase access to oral health services for low-income and uninsured individuals, and Medicaid recipients.

Lessons Learned:

- Continue to make necessary efforts to ensure all Marylanders have access to oral health care.
- Identify strategies to get more partners and stakeholders involved.
- Identify ways to reach out to the stakeholders to obtain feedback on their usage of the Maryland Oral Health Plan (MOHP).
• In Maryland, training programs for dental and public health professionals and water operators on preventive measures is very beneficial and increases the importance of oral health.

• OOH needs to continue to remain aware of current or potential policies, regulations and legislation that are discussed and reviewed through oral and/or written testimony during the annual Maryland state legislative session in order to continue tracking related oral health policies.

• OOH needs to continue working with the Maryland Dental Action Coalition (MDAC) on identifying any policies that impact the MOHP.

• Identify areas where partners are needed to diversify OOH’s reach for future projects.

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