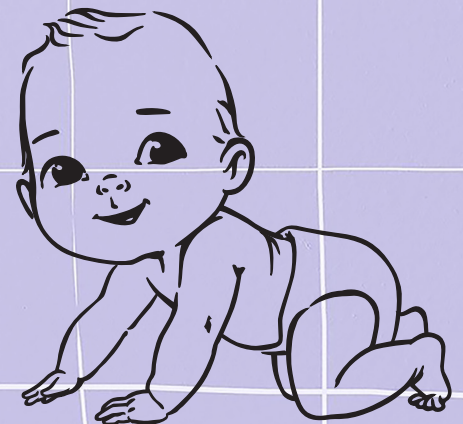
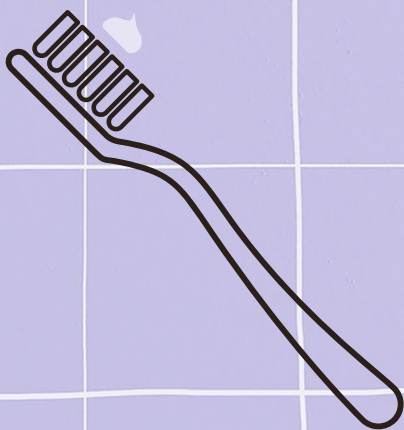


**One BABY,  
One BRUSH,  
One DENTIST to Protect Us<sup>©</sup>**

*A Proposed Maryland Medicaid Health Care Campaign*



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**By: Dr. Winifred J. Booker**

Every oral health professional and physician colleague enrolled and who will enroll as a Maryland Medicaid provider is to be commended for their commitment to serving the oral health care of Marylanders. The need for oral health care services remains great throughout Maryland and throughout the country. The *One Baby, One Brush, One Dentist to Protect Us*® campaign centers on goals to change this narrative to: (1) prevent and reduce tooth decay in infant and toddler patient populations; (2) increase access to care for children and all family members, and (3) increase Medicaid provider enrollment.

The campaign supports the recommendation by the American Academy of Pediatrics and the American Academy Pediatric Dentistry to have all children seen by the dentist by their first birthday. It is aligned with national efforts to ensure every family has an established dental home. One baby with a toothbrush given to them by one dentist, or dental hygienist, equals one dental home for children and families. This campaign will focus on providing educational techniques and resources to support health caregivers who endear our youngest dental patients. It is a sound initiative aimed at benefiting all of Maryland, from local government to our oral healthcare providers, to the children and families served through our Medicaid benefit. This will be an all-hands-on deck movement developed to be reciprocal between the provider, the patient, and the Maryland Medicaid Program.

Taking our commitment one step further to help prevent early childhood caries and preserve the dentitions of our youngest patients is more important than ever today. Therefore, it is hopeful that this will be more than just, *A Proposed Maryland Medicaid Health Care Campaign*. The intentions that are outlined seek to convey the significance, relevance and usefulness of this collaborative initiative. *One Baby, One Brush, One Dentist to Protect Us*® offers practical health care resources that can be a vital part of the comprehensive health care equation.

While the fortitude of our nearly 4,200 dentists is remarkable, we again find ourselves called to rise. The tremendous loss of an innocent Maryland child's life, 12 year-old Deamonte Driver, brought us to our knees in 2008, and then brought us together. This time the call for us to come together follows the 2019 COVID pandemic. The exodus of practicing dentists from the profession, fewer appointment times, poor diet behaviors, and dental neglect is still being deeply felt in Maryland and many other states.

The lack of operating room time being afforded to

dentists who treat Severe Early Childhood Caries (S-ECC) in very young children is a tremendous problem across Maryland and across the country. This fact is further exacerbated by the expensive hourly cost for anesthesiologists, and the compromised availability of these medical specialists. Furthermore, nasotracheal intubation necessary for dental surgeries is more anatomically difficult. This human circumstance may further increase

the cost of an already potentially more expensive benefit necessary for comprehensive dental rehabilitation procedures under general anesthesia.

The Pediatric Oral Health Research & Policy Center Policy Brief — Denial of Access to Operating Room Time in Hospitals for Pediatric Dental Care, May 2021<sup>1</sup> further outlines the magnitude of this crisis. In Maryland, the weight of these challenges has increased with the official announcement of the University of Maryland Rehabilitation & Orthopedic Institute now slated to close their operating room suites in 2026. This is a much relied upon community hospital located in Baltimore City that currently provides dental operating room services for hundreds of children annually. This adds dangerously to the burden of this limited access to care modality. These setbacks make it incumbent upon the dental profession to advance practical strategies aimed directly at preventive oral health practices.

The National Institute of Dental and Craniofacial Research documents in the Oral Health in American February 2022 Bulletin, and the Call to Action<sup>2</sup>, the following- "Policies and improved training are needed to reduce oral health inequities by encouraging health providers to focus more on individual and public health approaches to preventing the occurrence of new disease and managing disease earlier." Hence, we cannot risk leaving our toddlers vulnerable to disease. Not when opportunities exist to provide families preventive health care education. Not with the availability of more conservative treatment options.

The track record of dedication of Maryland's oral health care professionals and their responsiveness to patient care has been impressive with approximately 30% of dentists currently participating in public insurance programs. Disease prevention opportunities are increased when our dentists help to ensure our youngest Marylanders are seen by their first birthday. When these professionals are competitively compensated by the Maryland Medicaid program this provides our state the health care support necessary to prevent disease and protect our youngest.

Though the meaningful resources already made available through the Maryland Office of Oral Health offer a wealth of useful patient education and knowledge, the



*One Baby, One Brush, One Dentist to Protect Us* campaign is just one more potential resource. This proposed campaign offers a practical pathway to support patient care for the disproportionately addressed dental and other health screening needs of infant and toddler Medicaid recipients. Dental professionals, children and adults, and the state of Maryland can all reap invaluable benefits from this and similar “boots-on-the-ground” campaigns.

The potential trifecta impact of this collaboration stands first and foremost to improve access to oral health care across the state, and not just for children. For dentists the list of benefits are quite meaningful, and may include, (1) the acquisition of new patients that can be examined and evaluated in a 30-minute visit, (2) receipt of a minimum \$60 reimbursement for this first anticipatory guidance visit (DO145) in a high chair in the dental operator, (3) competitive reimbursement at subsequent 30-minute, biannual preventive appointments, (4) development of a more prevention-recognized practice reputation, (5) multiple chances to win a brand new, strappingly, good-looking high chair for your practice (while supplies last), and best of all (6) a feather in your scrub cap.

Under the leadership of the Maryland Department of Health, our Medicaid dental fees for both children and adult procedures have been increased through collaboration with Maryland Medicaid providers. These new reimbursement amounts will become effective this month. Additionally, Silver Diamine Fluoride or SDF, the topical medication used to arrest tooth decay and relieve dentinal hypersensitivity was recently assigned fee coverage under our Maryland Medicaid program. These are meaningful steps being made by the Department of Health that support patient care, access to care and Maryland Medicaid provider enrollment. The *One Baby, One Brush, One Dentist to Protect Us* campaign can complement these wellbeing-driven, improvements.

Promotion of a cavity free toddler patient population across the state of Maryland has the potential to conserve resources for the Old-Line State. Investing in the oral health care of infants (up to age-1) and toddlers (age 1–3) to prevent disease is a prudent preservation of state finances. Educating parents, foster parents, guardians, and all caregivers about the necessary preventive measures that must occur as soon as the first teeth erupt could influence disease reduction. It could prove to be a hugely important return on savings secondary to this productive use of dental health benefits. Maryland State Senator, Shelly Hettleman has said, “I was proud to support the expansion of dental care to both children and adult Marylanders enrolled in Medicaid. This kind of investment in prevention provides a double benefit, preventing sickness and saving

the state resources.” Senator Hettleman is a member of the Budget and Taxation Committee, and the Joint Committee on Children, Youth, and Families. She serves District 11 in Baltimore County.

In fact, Maryland Medicaid has put some progressive protections in place. As previously stated, SDF is now a covered benefit, and other fees will soon increase. In January Maryland expanded adult dental benefits. Thoroughly establishing preventive health care through the Maryland Medicaid program, and through political leadership and other stakeholders, the pathway forward for 1 and 2 year-old children to have the best possible dental and diet education outcomes are made plausible. The anticipation of far fewer emergency room visits, oral sedations and general anesthesia operating room cases is extremely important and especially exciting to forecast.

To further propel prevention, and support of the nation’s state health benefit programs, the American Dental Association (ADA) Council on Advocacy for Access and Prevention (CAAP) has multiple assets to assist dental professionals who participate in Medicaid. This Counsel is energized to help make sure dentists around the country are aware of the educational resources available to support hosting an *Age One Dental Visit* event in your practice. They highlight continuing education courses that are offered to support early disease prevention such as *Dental Health for Babies and Kids* and *Highbair Dental Care*. They support documentation of “medically necessary” care and assist states with navigating aspects of the Medicaid credentialing process.

The CAAP Counsel offers opportunities for Medicaid “Boot Camp.” This initiative is designed to provide better clarity about Medicaid benefits. Presentations are geared to empower dental schools, student dentists, state dental associations, legislators and other stakeholders. To learn more, visit the ADA Medicaid Provider Resource Guide at <https://www.ada.org/resources/community-initiatives/action-for-dental-health/medicaid>.

Bianca Dearing, DDS, MPhil, PhD, Associate Professor and Epidemiologist in the Department of Pediatric Dentistry at Howard University proposes, “*The One Baby, One Brush, One Dentist to Protect Us*” campaign is anticipated to provide value in addressing the disparity in availability of dentists to provide oral health care and education to young children who need care the most. This initiative is a step in the right direction to ensure access to quality oral health care for all children. It is a tremendous effort to encourage oral health professionals, to increase access to care, and contribute to public health and oral health equity.”

Maryland is a state that remains visionary and vigilant to meet the oral health care needs of everyone residing in

our state. Practicing pediatric dentists, general dentists, and dental hygienists throughout our great state are the respected oral health and oral hygiene care experts. These caregivers are vital to advancing anticipatory guidance efforts that can help to safeguard young Marylanders. They are central to new and promising health care measures designed to help prevent tooth decay in our children, their parents, and grandparents.

The Maryland Office of Oral Health, Maryland Academy of Pediatric Dentistry, Maryland State Dental Association, Maryland Dental Society, Maryland Dental Action Coalition (MDAC), The Children's Oral Health Institute and other stakeholders have all responded to the need to support oral health care for children and adults through our state benefit plans. Mary Backley, Chief Executive Officer for MDAC emphasizes, "This effort is just what MDAC stands for at its core- advocating for oral health care access



for everyone, no matter age." This constitution of service to Maryland families maintains a proud reputation across organizations. It is this content of character that offers much promise to expanding our Medicaid provider enrollment across Maryland.

Maryland and all state Medicaid organizations nationwide are welcomed, in fact they are encouraged to duplicate the *One Baby, One Brush, One Dentist to Protect Us* campaign or to launch similar movements. Every idea, every proposal, every bit of any innovation with the potential to help improve oral health outcomes for families is worth all of our commitment to examination.

Visit the Maryland Department of Health website to get more involved and to learn all about the commitment of Maryland Medicaid to children and families, to the dental profession, and provider reimbursement, and to oral health education resources. Read more about the contributions dental professionals unselfishly make to the health care of our state and to the patients we so proudly serve day after day.

**Maryland Department of Health**

[www.health.maryland.gov](http://www.health.maryland.gov)

**Maryland Academy of Pediatric Dentistry**

[www.mdapd.org](http://www.mdapd.org)

**Maryland Office of Oral Health**

[www.health.maryland.gov/oralhealth](http://www.health.maryland.gov/oralhealth)

**Maryland State Dental Association**

[www.msda.com](http://www.msda.com)

**Maryland Dental Action Coalition**

[www.mdac.us](http://www.mdac.us)

**The Children's Oral Health Institute**

[www.mycohi.org](http://www.mycohi.org)

<sup>1</sup>Pediatric Oral Health Research and Policy Center Policy Brief Denial of Access to Operating Room Time in Hospitals for Pediatric Dental Care May 2021 Prepared by a taskforce of the AAPD Pediatric Oral Health Research and Policy Center: Martha Ann Keels, DDS, PhD; Andrew Vo, DDS; Paul Casamassimo, DDS, MS; C. Scott Litch, MA, JD; R Wright, PhD

<sup>2</sup>The National Institute of Dental and Craniofacial Research documents in the Oral Health in American February 2022 Bulletin, Call to Action

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