



Dentist Day in Annapolis 2011

Banding Together for Oral Health Care in Maryland

We thank each and every one of our state legislators – senators and delegates for spending their valuable time throughout the year to consider and support the concerns and interest of Maryland dentists. Our collaborative efforts continue to make Maryland a leader in the crafting of legislation that has helped to advance the profession of dental medicine and improve the lives of children and families, not just in our state but also throughout the country. Please wear your new USB drive arm band proudly as a reminder of issues dentists care so deeply about and to also support your deliberations for the health care matters presented during this 428th legislative session.

Position on HB 491 and SB 502 – Temporary Volunteer Dentist’s License, Temporary Volunteer Dental Hygienist’s License, and Temporary Dental Clinic Permit

The MSDA has proposed House Bill 491 and Senate Bill 502 in order to establish a temporary volunteer out-of-state dentist’s license, a temporary volunteer out-of-state dental hygienist’s license and a temporary dental clinic permit. These bills permit out-of-state dentists and dental hygienists to obtain temporary volunteer licenses to provide dental services to the poor, elderly and disabled at a temporary dental clinic operated by a bona fide charitable organization, a state or local government, or a local health department. The enactment of these bills will increase the number of volunteer dental providers available to treat Maryland’s dentally underserved population. It dovetails with the efforts of the MSDA over the past 5 years to increase access to dental care in our State.

MSDA Proposal (HB 491 and SB 502) vs. The State Board of Dental Examiners’ Proposal (HB 354 and SB 578).

The State Board of Dental Examiners (SBDE) has proposed similar legislation filed in the House of Delegates as HB 354 and in the Senate as SB 578. The SBDE’s bills are the same as MSDA’s proposals, with two significant differences. These two areas of disagreement are rooted in legislation passed in 2003.

Historical Background

In 2003 the MSDA had introduced legislation to permit dentists licensed in other states the opportunity to obtain a Maryland dentist license without taking the NERB. The legislation enacted provided two ways that an out-of-state dentist could obtain Maryland licensure: 1) by passing a regional examination equivalent to the NERB; or 2) having actively practiced dentistry for the preceding 5 years. Subsequent to the passage of that bill the SBDE adopted a regulation that interpreted “actively practicing dentistry for the preceding 5 years” as practicing dentistry for not less than 850 hours during the preceding 5 years. This equates to approximately 21 weeks of full time practice, or 4 weeks and a day on average per year. This clearly is not what MSDA intended as the criteria for “licensure by credentials.”

Maryland State Board of Dental Examiners HB 354 and SB 578

In HB 354 (sponsored by Delegate Turner et al) and SB 578 (sponsored by Senator Muse et al) the SBDE is proposing that an out-of-state dentist may receive a temporary volunteer dentist license if the dentist has either 1) passed the NERB, or 2) has actively engaged in practicing dentistry for 850 hours over the preceding 5 years. These

two bills also set a similar standard for out-of-state dental hygienists to be licensed, that is, actively engaged in practicing dental hygiene over the preceding 3 years for at least 150 hours, or approximately 4 days a year. These standards are not acceptable in MSDA's opinion because they do not assure that the volunteers will be clinically skilled to the degree needed to treat this dentally compromised population. As a result the MSDA asked its sponsors to introduce legislation with more appropriate criteria and as a result HB 491 and SB 502 have been introduced.

Maryland State Dental Association HB 491 and SB 502

In HB 491 (sponsored by Delegates Bromwell, Costa, Hammen and Kach) and SB 502 (sponsored by Senators Dyson, Klausmeier and Pinsky) the MSDA is proposing to amend the Board's current interpretation of the requirements for out-of-state dentists and dental hygienists to obtain general licenses to practice in Maryland based on practice experience, and to provide for temporary volunteer licensure to out-of-state dentists and dental hygienists based on the same practice experience requirements. The criteria for a dentist under the bills include that he or she in the preceding 5 years has actively engaged in the clinical practice of dentistry for no less than 850 hours on average per year. Thus, rather than being required to practice only 4 weeks on average, the dentist will have had to practiced on average 21 weeks per year. Dental hygienists will be required to establish that for the preceding 3 year period they have actively engaged in the clinical practice of dental hygiene for 150 hours on average per year.

In summary, both the MSDA and the State Board of Dental Examiners are supporting legislation to create a licensure mechanism which will permit out-of-state dentists and dental hygienists to receive temporary volunteer licenses to provide dental care through charitable or governmental sponsored free dental clinics for the underserved citizens of Maryland. Both bills provide extensive provisions to assure protections for the citizens of Maryland, however, only the MSDA supported **HB 491 and SB 502** will require that these out-of-state providers will have had substantial clinical practice experience.

Support of HB 468 and SB 705 – Health Insurance – Dental Provider Contracts – Prohibited Provisions

BACKGROUND:

HB 468 (sponsored by Delegate Kach) and SB 705 (sponsored by Senators Klausmeier, Astle and Pipkin) will prohibit dental insurance companies from setting the fee for dental services which they do not cover in their dental insurance policies. Dental insurance providers enjoy significant negotiating leverage over dentists, especially in these tough economic times. Over the past two to three years, dental insurance providers have begun to take advantage of this leverage by pressuring dentists to accept fee schedules for uncovered services. CareFirst and other insurance providers are unilaterally fixing the prices for dental services for which they do not pay one cent.

This practice has been sweeping the country and states across the nation are responding. In 2010, 15 states approved legislation comparable to HB 468 and SB 705 bringing the total number of states with such laws to 16. This issue is gaining national recognition, and Maryland should enact this bill to stop this unconscionable practice by insurance providers.

HB 468 and SB 705 PROVIDE EQUITY

The playing field between dentists and insurance providers is not level. While there have been discounted dental programs for years, the practice of requiring a dentist to accept fee schedules which include fees for services that the carrier does not cover is a more recent development. Dentists are told that as a participating member of an insurance panel, they have agreed to provide services to the insurer's members, and they must provide the service at the fee set by the insurer. In terms of uncovered services, which sometimes exceed 75% of the fee schedule, all bills are submitted only to the patient, and the patient must pay 100% of the fee while the insurer pays nothing.

In Maryland, dentists must accept all fee schedules of a dental plan, or totally cease participation with that plan. In many cases, such as with large insurance providers like CareFirst, this would mean losing hundreds and in some cases thousands of patients. Since over 90% of dental offices are small businesses with one or two dentists, clearly they cannot bargain effectively with multi-million dollar insurance companies located both within and out of the state.

Additionally, the Federal Trade Commission considers individual dental practices competitors, and as competitors, they are not allowed to discuss fees, insurance contracts, etc. Unlike organized labor, dentists cannot band together to demand fair treatment and resist abusive market practices by insurance companies. Insurance companies, however, enjoy the McCarran Ferguson anti-trust exemption and are free to share information on policies, costs, risks, and premiums. They can act collectively while dentists may not. Dentists must rely on the government to police the market. **Legislative action is the only mechanism dentists have to level the playing field with insurance companies.** HB 468 and SB 705 will level the negotiating field between small businesses and large insurance companies. The bills will provide incentive for insurers to bargain fairly with individual practices. HB 468 and SB 705 will provide equity.

FEE SETTING OF UNCOVERED SERVICES IS HARMFUL

To Dentists

In some Maryland communities, one insurance company dominates the market. The insurance company uses this monopoly to pressure dentists into accepting one-sided contracts. When one insurance company covers a majority of a dentist's patients, a dentist can ill afford to turn those patients away by refusing the proffered dental plan because it sets the fees for uncovered services. This results in the insurance company profiting off the backs of dentists, without incurring any costs or risks whatsoever. The insurance company is able to collect a premium from patients and economically blackmail dentists into accepting reduced fees. This blackmail places a significant number of dental practices in economic jeopardy.

Dental fees reflect the extremely high overhead costs of operating a dental practice – upwards of 65%. This high overhead is the result of the need for specialized plumbing, lighting, chairs, drills, etc. in every room. Restricting fees on non-covered services could have a troubling impact on the viability of some practices, particularly those in low-income areas. This strain on a dental practice's economic stability may ultimately result in fewer dentists being able to provide pro bono services for those in need because they are being forced to charge for services in order to keep their business afloat.

To Dental Patients

1. Patients may become victim to deceptive marketing practices.

The practice of setting the fees for uncovered services will ultimately harm dental patients, as well as practitioners. It can open the door to deceptive marketing practices. By dictating discounts for uncovered services, big insurers are encouraging employers to cut the number of services their dental plans cover, leading to a lower level of care for Maryland citizens. Plan purchasers can then cut the number of services they offer but tell their employees that because they've secured discounts they won't be affected by the benefit reductions. This is of course untrue, as the cost of the uncovered services is paid directly out of the employee's pocket.

2. The most effective and innovative procedures may not be available.

Many of the uncovered services represent the most advanced and effective procedures in dentistry. These procedures, while providing the highest level of care and comfort for patients, as well as higher rates of success, are also time consuming and expensive. They require the latest training for the dentist and the dental staff. They require the latest, most advanced and most expensive equipment to perform the procedure. These expenses may combine to make it not economically viable for dentists to provide the latest dental services that may most benefit their patients given the low fees unfairly imposed by dental insurers for these non-covered services.

3. Patients may be left without adequate dental services.

In the past, a dentist evaluated the dental needs of a patient, along with the cost and effectiveness of various alternative treatments and then discussed with the patient the various alternatives, the reasonable expectation of success, and the longevity and cost of each treatment protocol. The patient then made an informed decision. Now, with insurance companies setting the fees for uncovered services, some dentists will be faced with a choice: either stay in the insurance plan and stop providing services that are too expensive to perform, or cease to participate in the dental plan. If they choose to remain in the plan patients may be left without the most effective treatments. If they choose to leave the plan, patients may be forced to find a new primary care dentist. In some communities, especially rural and underserved areas, this could pose a serious dilemma. Some people may be unable to find adequate care.

To the State of Maryland

According to the study, "The Economic Impact of Dentistry," published in the Journal of the American Dental Association in 2004, the average dental office contributes \$1.2 million annually to a local community's economy through salaries, purchases, etc. If HB 468 and SB 705 are not enacted, the insurers will increase profits, with virtually no cost to them, while dental offices lose revenues. This means that a dental practice will have a reduced annual income, will provide fewer jobs, and will buy less. As a result, the State of Maryland will receive less tax revenues from sales and income associated with that dental office.

CONCLUSION

The practice of setting fees for uncovered services is inequitable and potentially detrimental to dentists, patients, and the State of Maryland. This problem is being addressed across the nation and so far 16 states have enacted legislation comparable to HB 468 and SB 705. Ban the unconscionable price fixing practice employed by dental insurance providers on services they don't cover. **SUPPORT HB 468 AND SB 705.**



Dentist Day In Annapolis

A Historical Perspective

The Maryland State Dental Association has been serving the dental community since 1883. More than twenty years ago their leadership and members decided that it was time to embrace a more involved relationship with state government. These visionaries realized the invaluable importance of working more closely on oral health care legislation and the regulations that govern dental medicine with state officials and government policy makers. Their collaborative efforts to better serve the oral health needs of children and families throughout Maryland have been a success emulated by other states. The outcome of this think tank was “Dentist Day in Annapolis.”

The event that was initiated over two decades ago, bringing dentists from all corners of the state to Annapolis, continues today in helping develop important oral health legislation, progressive oral health policies and meaningful regulations. These efforts have led to an improved appreciation and understanding of organized dentistry and the profession of dental medicine by state government.

This annual assembly of dental surgeons grows larger each year with participation and support from the Maryland Academy of General Dentistry, the Maryland Academy of Pediatric Dentistry, the Maryland Dental Action Committee, the Maryland Dental Society, The Maryland Children’s Oral Health Institute and the University of Maryland, Baltimore College of Dental Surgery. Maryland dentists are proud of the recognition they receive in Annapolis as the providers and advocates for oral health in Maryland.



Directory of Dentistry in Maryland

Maryland Academy of General Dentistry - www.maryland-agd.org

Maryland Academy of Pediatric Dentistry - www.mdapd.org

Maryland Dental Action Coalition - www.mdac.org

Maryland Dental Society - www.themds.org

Maryland State Board of Dental Examiners - www.dhmh.state.md.us/dental

Maryland State Dental Association - www.msda.com

Maryland State Society of Orthodontics - www.marylandortho.org

The Maryland Children’s Oral Health Institute - www.mycuhi.org

University of Maryland Baltimore College of Dental Surgery - www.dental.umaryland.edu

128TH ANNUAL Chesapeake Dental Conference

World Class Speakers
Capsule Clinics
Continuing Education
License Renewal Requirements
MSDA Marketplace and Vendors
Silent Auction
Social Events

– New this Year – Lecture and Hands-on Course for Assistants –

For the latest information, visit www.msda.com or call 410.964.2880

JUNE 1 Conference Registration & Hotel Reservations Open
AUGUST 22 Hotel Reservation Deadline
AUGUST 22 Early Bird Conference Registration Deadline



4TH ANNUAL Access to Care Day
Thursday, September 22, 2011

LOOK FOR AN ADVANCE PROGRAM IN YOUR MAILBOX IN JUNE!

Maryland Foundation of Dentistry for the Handicapped - Donated Dental Program

Donated Dental Services Program

The Maryland Foundation of Dentistry for the Handicapped (MFDH) was incorporated in 1988, and in 1989 activated the Donated Dental Services (DDS) program. The DDS program was initiated by dentists who were willing to provide pro bono dental care for Maryland residents who are mentally and /or physically disabled. The applicants cannot afford treatment and do not qualify for other assistance programs. Volunteer dentists throughout the state donate their services and dental laboratories participate by discounting their rates.

DDS patients have slipped through the cracks of Medicaid and Medicare programs with nowhere else to turn.

Participation is made easy. Dentist and labs take care of the patients, DDS does all the other work; no red tape or headaches. The DDS program coordinator is the link between needy patients and volunteer dentists. The coordinator brings these two groups of people together and provides support, ensuring that the interaction is rewarding for both parties. A DDS coordinator will answer any and all questions, assisting the patient, the lab and the dentist with anything and everything. The goal of DDS is to return patients to good oral health.

Together, we change the smiles of the disabled in Maryland.

To Volunteer call us at, 1-877-337-7746.

The Maryland Foundation of Dentistry for the Handicapped (MFDH):

6410 Dobbin Road Ste. F
Columbia, MD 21045
(410) 964-1944



In just over 50 years, the Academy of General Dentistry (AGD) has become the second largest dental association in the United States. Through its dedication to serving the interests and professional needs of its members, the AGD has exponentially grown from eight to more than 35,000 members. The Maryland Academy of General is a constituent of the AGD and currently has 1,200 members from across the state of Maryland. Additionally, the Maryland AGD has a very active dental student chapter at the University of Maryland Baltimore, the first dental school in the world.

The AGD Foundation was established in 1972 to improve the oral health of the public and support the efforts of general dentists and the AGD. The AGD Foundation actively funds educational initiatives for AGD member dentists as well as programs that provide the public with oral health education. For example, the AGD Foundation Program Development Fund currently supports the partnership between AGD and Special Olympics; the AGD Foundation works with Special Olympic Special Smiles to provide dental screening at Special Olympic events and in-office dental care for athletes, their families, and their caregivers.

AGD members challenge themselves to learn more so that they can provide their patients with the best and most current quality of care. All dentists are required to take yearly continuing education (CE) to keep their license up-to-date (except in Colorado and Wyoming). When a dentist becomes an AGD member, they are required to take 75 hours of CE every three years just to belong to the organization. The AGD offers Fellowship (FAGD) and Mastership (MAGD) awards to members who go above and beyond in their learning efforts. To earn a Fellowship Award, a dentist must complete at least 500 continuing dental education hours, pass a rigorous and comprehensive exam, and maintain AGD membership for three continuous years. To receive the Mastership award, a dentist must first receive his or her Fellowship award, then earn an additional 600 approved CE hours within specific dental disciplines.

The AGD launched its consumer website, www.knowyourteeth.com, so that members of the public could learn from a trusted dental source about proper oral health care and how oral health affects the rest of the body. Readers can browse more than 400 articles on everything from flossing to sealants in the Info Bites section. They can also download the Dental Diary widgets to use as a reminder to change their toothbrush. Additionally, readers can ask a question in the Dental Advisor section, where an AGD member dentist will respond within 72 hrs.

The purpose of the Maryland AGD is to serve the needs of the general dentist, to represent the interests of its members, and to foster their continued proficiency through quality continuing education in order to better serve the public. In order to accomplish our mission, Maryland AGD offers numerous continuing dental education courses for members and their dental team. Maryland AGD publishes the journal "Impressions" and AGD publishes the monthly journals "General Dentistry" and "AGD Impact" for the benefit of our members. Maryland AGD dentists also participate in annual legislative activities such as "Dentist Day in Annapolis" and "A Great Dentist Goes to Washington." Participation in numerous community outreach events, such as Special Olympics Special Smiles programs, Mission of Mercy, Give Kids a Smile, and Donated Dental Services, provides an opportunity for Maryland AGD members to give back to their local community in a positive and meaningful way.

The Maryland AGD hosted the AGD annual meeting in Baltimore in July 2009 and introduced 10,000 dentists, family, and staff to the treasures of the Chesapeake. Our keynote speaker was Baseball Hall of Fame recipient and fellow Marylander Cal Ripken, Jr. The 2011 Maryland AGD Annual meeting will be June 10 in Greenbelt, Maryland. For more information on the AGD, please visit www.agd.org. For more information on the Maryland AGD, please visit www.maryland-agd.org.

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Celebrate 100 years of the Maryland Dental Society!

*Don't wait and register late for the 2011 NDA Convention in Baltimore.
You may end up "clawing" for a room!*



*Cruise to Little Havana • Costume Party
Tour the Dental Museum
& the 1st Dental School
Earn CE Credits • Outlet Shopping
Casino Excitement • Crab Feast*



*Tennis • Golf • Fishing • Dancing
Visit the Aquarium • Science Center
Port Discovery • Zoo • Live Auction
Game Shows • Contests*

National Dental Association

98th ANNUAL CONVENTION

BALTIMORE, MARYLAND

Baltimore Marriott Waterfront

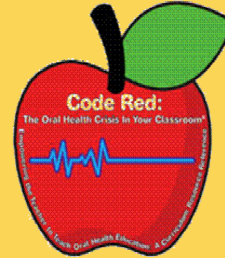
JULY 22 - 26, 2011



The Maryland Children's Oral Health Institute

2011

*Code Red: The Oral Health Crisis In Your Classroom©
Empowering the Teacher to Teach Oral Health Education -
A Curriculum Resource Reference*



2010

*30 Days & 30 Nights: Understanding the Inclusion
of Dental Medicine in a Reformed Health Care System –
The Invaluable Importance of Adult Dental Coverage*



2009

*Project Clean Toothbrush: Important Tips to Help
Prevent the Spread of Flu Germs©*



2008

*Lessons In A Lunch Box:
Healthy Teeth Essentials & Facts About Snacks®*



www.mycohi.org