MARYLAND ACADEMY of GENERAL DENTISTRY

FALL 2026

The Generalist

YOUR VOICE FOR EXCELLENCE THROUGH EDUCATION & ADVOCACY



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FROM THE PRESIDENT



ANDREW MARTIN, DDS, FAGD

As the leaves start to turn and our schedules settle back into a fall rhythm, I want to welcome you to another season with the Maryland Academy of General Dentistry. It's been a busy year of advocacy, education, and community building on behalf of general dentists across our state, and I'm proud of the momentum we're carrying into the fall.

This time of year always reminds me why organizations like ours matter. General dentistry is the backbone of oral health care in Maryland, and MAGD exists to make sure your voice is heard in Annapolis, in continuing education, and in the day-to-day practice of dentistry. Whether you've been a member for decades or just joined us this year, thank you for being part of this community.

Read on for details on our upcoming Speaker and Participation Series seminars, membership updates, and ways to get involved this fall. 🦷

Editor's Corner

Halima Karim, DDS, MPH, FAGD, FACD



What Will We Leave Behind?

Recently, Past President Dr. Charles Doring of the Maryland Academy of General Dentistry shared something very special with me: a proclamation from the Governor of Maryland declaring April 25, 2003, Maryland Academy of General Dentistry Day.

As I held the proclamation and read its words more than two decades later, I realized that I was looking at much more than a piece of Maryland Academy of General Dentistry history. I was looking at a legacy.

The proclamation recognized the Maryland Academy of General Dentistry for its commitment to professional advancement, continuing education, leadership, and oral health education throughout our state. Dr. Doring preserved this important piece of our history and, by sharing it with me, passed along a tangible reminder of what previous generations of Maryland AGD leaders worked to build.

It also made me think about an important lesson in dental leadership: When we are given the opportunity to lead an organization, our goal should be to leave it better than we found it.

Leadership positions are temporary. Eventually, every president completes a term, every committee chair passes the baton to someone else, and every editor prepares someone else to take the reins. What remains is the impact of what we did while we had the opportunity to serve.

Did we create opportunities for others? Did we strengthen the organization? Did we mentor someone who will become a future leader? Did we preserve our history while preparing the organization for its future? And, perhaps most importantly, did we leave something meaningful for those who will come after us?

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The State of Maryland

Proclamation

From the Governor of the State of Maryland

MARYLAND ACADEMY OF GENERAL DENTISTRY DAY

APRIL 25, 2003

WHEREAS, The Maryland Academy of General Dentistry is one of our Nation's premier providers of professional advancement studies for general dentists; and

WHEREAS, The Maryland Academy is the state's premier professional society for family dentists and our nation's leading provider of professional advancement continuing education for general dentists. The Academy also leads the state's dental societies in providing oral health care education in schools; and

WHEREAS, In 1997 the Maryland Academy of General Dentistry established the William Thomas Green Morton National Award for the Advancement of General Dentistry. This award was in response to the lack of an open award of recognition in the field. This honor is inclusive of all contributions that advance the practice of general dentistry, education, invention and leadership; and

WHEREAS, Maryland is pleased to join in commending the Maryland Academy of General Dentistry as a leader in dental career development programs.

NOW, THEREFORE, I, ROBERT L. EHRLICH, JR., GOVERNOR OF THE STATE OF MARYLAND, do hereby proclaim APRIL 25, 2003 as MARYLAND ACADEMY OF GENERAL DENTISTRY DAY in Maryland, and do commend this observance to all of our citizens.

Given Under My Hand and the Great Seal of the State of Maryland,
this 25th day of April
Two Thousand and three

Governor

Secretary of State

Governor Robert L. Ehrlich Jr.'s 2003 proclamation declaring April 25, 2003, Maryland Academy of General Dentistry Day. The proclamation was preserved and recently shared by Maryland AGD Past President Dr. Charles Doring.

Editor's Corner (cont.)

The 2003 proclamation reminds us that the Maryland Academy of General Dentistry has a long history of doing exactly that.

Dentistry has certainly evolved since 2003. Technology has transformed the way we practice. Our workforce and patient populations have changed. We have a greater understanding of oral health disparities and the connection between oral and overall health. Yet the need for strong general dentists and strong professional organizations that support them remains.

Maryland AGD continues that tradition through continuing education, mentorship, advocacy, professional development, leadership opportunities, and service to our communities. Each generation of members has the opportunity to build upon the work of those who came before it.

As Editor, I believe our publication has a role in preserving that legacy as well. These pages should document where we have been while also creating space for new ideas, new voices, and the next generation of Maryland dental leaders. I hope our members will continue sharing their clinical expertise, experiences in practice, community initiatives, educational innovations, and perspectives on the future of our profession.

Dr. Doring's decision to preserve and share this proclamation is a small but powerful example of stewardship. He left something behind for Maryland AGD and now it belongs to the organization's continuing story.

As we look toward the future, perhaps that is a question worth asking ourselves:

When our own season of leadership or service is over, what will we leave behind?

Our legacy does not have to be a proclamation. It may be a program we started, a colleague we encouraged, a young dentist we mentored, a patient whose life we improved, an idea that strengthened our Academy, or simply an organization that is a little stronger because we were willing to serve.

We have inherited a proud history. Now it is our responsibility and our privilege to add something meaningful to it before passing it on. 🦷

MARYLAND ACADEMY of GENERAL DENTISTRY

OCTOBER 17
PARTICIPATION SERIES

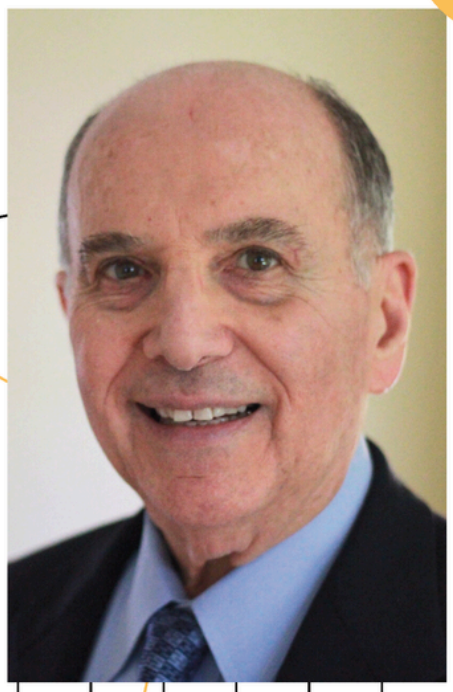


Maritime Conference Center
Linthicum Heights
8:00 am - 4:30 p.m

Dental Sleep Medicine: Clinical Screening & Oral Appliance Therapy

8P CE | AGD 730 Oral Medicine, Oral Diagnosis, Oral Pathology

Featuring: Dr. Sylvan Mintz



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FEATURE ARTICLE

The General Dentist as a Public Health Practitioner

Why Every Dental Practice Is a Community Health Practice

BY HALIMA KARIM, DDS, MPH, FAGD, FACD



Every day, general dentists make decisions that extend far beyond the teeth in front of them.

We counsel a patient about tobacco use. We recognize that uncontrolled diabetes may be affecting periodontal health. We explain caries risk to a parent. We modify a treatment plan because a patient cannot afford the ideal option. We identify a suspicious oral lesion. We help an older adult maintain the ability to chew comfortably. We work with patients who face transportation difficulties, language barriers, limited health literacy, or challenges navigating the health care system.

We may think of these activities simply as good dentistry. But viewed through a broader lens, they are also public health.

Public health is often associated with government agencies, community clinics, epidemiologists, or large-scale prevention programs. Yet improving population health ultimately depends on what happens where people actually receive care. For millions of Americans, the dental office is one of those places.

The general dentist therefore occupies a unique position: clinician, educator, advocate, and community health partner. Recognizing that role does not require changing how we practice dentistry. It requires recognizing the broader impact of what we already do—and asking where we can do even more.



Oral Health Is Community Health

The traditional separation between dentistry and medicine has never reflected the biological reality of our patients. The mouth is part of the body, and oral health contributes to physical, psychological, social, and economic well-being.[1–3]

Oral diseases also remain remarkably common. Dental caries continues to affect children and adults across the United States, while periodontal disease, tooth loss, oral cancer, and other conditions create substantial burdens for individuals and communities.[1]

Continued on page 12

At the same time, access to care remains uneven. Healthy People 2030 has made increasing access to oral health care, including preventive services, a national priority.[4] Cost, insurance status, geographic availability, health literacy, transportation, and other social and economic factors can influence whether patients receive timely dental care.[1,4]

These barriers eventually arrive in our operatories. The patient who repeatedly misses appointments because transportation is unreliable, the older adult who cannot afford dentures, the parent struggling to understand preventive recommendations, and the patient who has postponed treatment because of cost are not simply isolated clinical situations. They reflect larger patterns that influence oral health across populations.

That is where the public health role of the general dentist begins.



Prevention Is Public Health in Action

Dentistry has always understood something that the rest of health care increasingly emphasizes: preventing disease is often better than treating its consequences.

Every fluoride application, caries-risk conversation, periodontal evaluation, tobacco-cessation discussion, oral cancer examination, and preventive recall visit represents an opportunity to intervene before disease becomes more difficult and expensive to manage.

For the individual patient, that is preventive dentistry. Repeated across hundreds or thousands of patients in a practice, it becomes population health.

General dentists also have something public health campaigns often struggle to achieve: repeated personal contact with patients over many years. We may care for several generations of the same family. That continuity creates opportunities to reinforce healthy oral behaviors, recognize changes in disease risk, and build trust.

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The effect can extend beyond the patient in the chair. A parent who understands the importance of fluoride toothpaste may change practices for an entire household. A patient who stops using tobacco may influence family members. A caregiver who learns how xerostomia contributes to caries may better protect an older adult's oral health.

Small clinical interventions can create ripples well beyond the operatory.

The Dental Office Is a Point of Early Detection

General dentists are also part of the nation's early-detection infrastructure. We routinely examine tissues and structures that many other health professionals do not evaluate in the same detail. During an examination, we may identify suspicious oral lesions, signs of tobacco-related disease, manifestations of systemic conditions, medication-related xerostomia, nutritional concerns, or patterns suggesting that a patient needs additional medical evaluation.

The oral-systemic relationship further reinforces the importance of communication across health professions. Diabetes and periodontal disease, for example, have a well-established bidirectional relationship, making coordination and patient education particularly important.[5,6]

This does not mean dentists should become physicians. It means recognizing when information discovered in the dental setting has implications beyond dental treatment.

A referral to a physician, communication with a pharmacist, or conversation with another health professional can be a public health intervention in its simplest form: connecting a patient with the right resource before a problem becomes more serious.

Access to Care Begins at the Practice Level

Discussions about access to dental care often focus on insurance policy, workforce shortages, Medicaid reimbursement, or government programs. Those issues matter enormously. But access is also shaped by thousands of smaller decisions made within individual practices.

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News from REGION 5

BY ERIC MORSE, DDS
REGION 5 DIRECTOR



Maryland AGD Vice President Dr. Lavanya Chadaram joins AGD's Leadership Development Symposium

This past April, developing leaders from across the country gathered in Chicago for the Academy of General Dentistry's Leadership Development Symposium (LDS). Regional Directors helped facilitate this two-day event, which provided an excellent opportunity for AGD members to strengthen their leadership skills, exchange ideas, and build relationships with colleagues from across the country. Maryland AGD was proudly represented by our Vice President, Dr. Lavanya Chadaram.

The symposium began with Chris Failla leading an orientation focused on the CliftonStrengths assessment. This session emphasized identifying and leveraging individual and collective strengths, encouraging leaders to shift their focus from improving weaknesses to amplifying the strengths that make each person and team successful. On the second day, Maryland's own Dr. David Halpern led engaging discussions on universal leadership principles and practical strategies that can be applied in our dental practices, our communities, and throughout AGD. It was an outstanding two days of learning, collaboration, and professional development. I strongly encourage anyone interested in expanding their leadership skills to reach out and learn more about attending the next Leadership Development Symposium in 2028.

Looking ahead, our next major national event is the AGD House of Delegates, which will take place this November in Chicago. This annual meeting brings

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Greetings from the Membership Committee!

JOJO MANATO, DDS
CHAIR, MEMBERSHIP COMMITTEE

We hope you had a wonderful summer and are looking forward to an engaging year ahead with the Maryland Academy of General Dentistry.

MAGD brings together general dentists who share a commitment to clinical excellence, lifelong learning, and the continued advancement of our profession. As an AGD member, you have access to a wide range of valuable benefits—including complimentary continuing education tracking, career resources, practice management tools, advocacy, networking opportunities, and professional recognition.

As of June 30, 2026, MAGD is 631 members strong, and we want to keep growing. You can help by encouraging colleagues who are not yet members to discover how AGD can support their professional development and success throughout every stage of their careers. Thank you for being part of the MAGD community. Your membership strengthens our organization, our profession, and the future of general dentistry in Maryland.

PLEASE JOIN US IN WELCOMING OUR NEW MEMBERS!

Michelle Ayoroa-Perez, Millersville
Oluwaseun Banjo-Awopegba, Silver Spring
Archana Bhavani Vasanth Kumar, Marriottsville
Eric M. Bradshaw, Silver Spring
Michael Cheng, Baltimore
Karthik Cherukuri, Glen Burnie
Mohammed Estaitia, Gaithersburg
Ashley Dachel Fragoso, Baltimore
Joseph Mark Fritz, Havre De Grace
Longhui Gao, Silver Spring
Megan Gilbart, Ellicott City
Bing He, Potomac
Benjamin Hung, Laurel
Derrick Johnson, Columbia
Aliya Kassam, Silver Spring
Yifei Lyu, Baltimore
Lincoln Leron McNish, Baltimore
Aakash Mudaliar, La Plata
Omoyeni Oyekola, Elkridge
Hajra Sajid, Marriottsville
Sajjad Shahmoradi, Bowie
Aastha Shukla, Forest Hill
Leap Stewart, Baltimore
Vipul Subramanian, Silver Spring
Alonzo Thomas, Silver Spring
Anh Thuy Thai Le, Baltimore
Christina Thuzar, Ellicott City
Lidia Yimer, Baltimore
Eileen Zhi, Baltimore

Consider what a patient must navigate simply to receive care. Can someone reach the office by public transportation? Can a patient with limited English proficiency understand instructions? Can an older adult or person with a disability physically access the practice? Are treatment options explained in understandable language? Can urgent patients obtain timely appointments? Does the practice have referral relationships when a patient's needs exceed what can be provided?

No individual dentist can solve every barrier to oral health care. Nor should individual practitioners be expected to compensate for every weakness in the health care system.

But every practice can examine the barriers within its own sphere of influence. Sometimes meaningful changes are surprisingly modest: simplifying written instructions, identifying local low-cost referral resources, improving communication with patients who have limited health literacy, creating stronger relationships with specialists or community organizations, or making appointment systems easier to navigate.

These are operational decisions, but they are also health equity decisions.

Health Literacy Belongs in Every Dental Practice

One of the most powerful public health tools available to a dentist requires no new equipment.

It is communication.

Oral health literacy is more than a patient's ability to read a brochure. It includes the ability to obtain, understand, evaluate, and use information needed to make appropriate oral health decisions.[7,8]

Dental terminology can be complex even for highly educated patients. Terms such as periodontal disease, endodontic therapy, recurrent decay, abfraction, or osseous surgery may be routine to us but unfamiliar to the people we serve.

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REGION 5 UPDATE (cont)

together representatives from across the country to discuss ideas, debate resolutions, and establish policies that will help shape the future of our organization. National elections will also take place during the meeting, making this an important opportunity for our members to participate in AGD's governance and direction.

As always, Maryland AGD and Region 5 are looking for members interested in becoming more involved in leadership. Whether you are considering serving on the Maryland AGD Board or participating on a national council or committee, there are many opportunities to contribute your experience, ideas, and passion for our profession. Please do not hesitate to reach out to me if you are interested in getting involved or would simply like to learn more about the opportunities available.

Thank you all for your continued dedication to AGD, organized dentistry, and the advancement of our profession. I look forward to working with you as we continue to strengthen Maryland AGD and Region 5.

FEATURE ARTICLE - *General Dentistry is Public Health*

When patients do not fully understand their diagnosis or treatment recommendations, we may interpret their decisions as noncompliance when the underlying issue is communication.

General dentists can address this by using plain language, limiting unnecessary jargon, using visual aids, inviting questions, and applying techniques such as teach-back to confirm understanding.

Instead of asking, "Do you understand?" we might say:

"Just so I know I explained this clearly, can you tell me how you're going to care for this area when you get home?"

That small change shifts responsibility for communication from the patient alone to the patient-provider partnership. Good communication is not simply good customer service. It is a clinical intervention.

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Social Determinants Walk Into Our Operatories Every Day

Dentists may not routinely use the phrase “social determinants of health,” but we encounter them constantly. Where people live, learn, work, and age influences health. Transportation, income, education, food access, housing, insurance coverage, language, employment, and social support can all affect whether a patient is able to follow a treatment plan.[3,9]

A beautifully designed treatment plan has little value if the patient cannot realistically complete it. Understanding a patient's circumstances does not mean lowering the standard of care. It means developing care plans that are clinically sound while acknowledging the realities of the patient's life.

Sometimes the most important question we can ask is not: “Why didn't this patient follow my recommendation?” but: “What made it difficult for this patient to follow my recommendation?”

That shift in perspective can change how we approach missed appointments, incomplete treatment, preventive counseling, and long-term disease management.

General Dentists Are Trusted Health Educators

Dentists and dental teams have repeated opportunities to influence health behaviors. We talk with patients about tobacco, nutrition, sugar consumption, oral hygiene, HPV and oral cancer, medication-related dry mouth, sports safety, pregnancy and oral health, and the importance of preventive care.

These conversations matter because public health messages are often most effective when reinforced by trusted professionals in personal settings. The dental team can also extend those messages into the community.

A practice might partner with a school, senior center, community organization, health fair, or local health department. A dentist may mentor students, volunteer at a charitable clinic, participate in a Mission of Mercy event, provide education to caregivers, or advocate through organized dentistry. Not every dentist needs to create a new community program. The goal is not to add another obligation to an already demanding profession. The goal is to recognize that our existing skills have value outside the walls of our practices.

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Organized Dentistry Amplifies Our Impact

There are limits to what any individual dentist can accomplish alone. Professional organizations allow dentists to combine their voices and expertise. Through organizations such as the Academy of General Dentistry, dentists can participate in continuing education, mentorship, advocacy, leadership, and professional collaboration. Organized dentistry gives clinicians a mechanism to influence issues that extend beyond a single practice—from workforce development and insurance policy to prevention, access to care, and the future of the profession.

That participation is itself a form of public health leadership.

When dentists advocate for policies that improve oral health, mentor the next generation of clinicians, contribute to continuing education, or participate in community initiatives, they help shape the environment in which oral health care is delivered. Maryland's general dentists are particularly well positioned to do this work. We practice in urban, suburban, and rural communities with remarkably diverse populations and needs. The challenges facing a practice in Western Maryland may differ from those in Baltimore, Montgomery County, Southern Maryland, or the Eastern Shore, but the principle remains the same: local dentists understand their communities in ways that statewide and national statistics alone cannot capture.

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A New Way to Experience the MAGD Participation Series

Learn Your Way. Build Your Skills. Go Hands-On.

For years, MAGD's Participation Series has provided dentists with high-quality, hands-on continuing education designed to strengthen clinical skills and advance professional development. In 2027, we're building on that foundation with a new approach—one that offers greater flexibility, creates more opportunities to participate, and connects learning over time.

Beginning this spring, the Participation Series will combine ***two focused, 1.5-hour evening virtual lectures with a full-day, hands-on Participation Course.*** Each virtual lecture is designed as a complete CE experience in its own right, giving participants practical information they can take back to their practices the next day. But for those who want to go deeper, the lectures also build toward the hands-on course, creating a progression from clinical knowledge and decision-making to application and technique.

Why the change? We know dentists are balancing demanding practices, patients, families, and countless other commitments. A traditional multi-day Participation Series can be difficult to fit into an already crowded schedule. The new format gives participants more choice without sacrificing the depth and quality of the educational experience. Take one virtual course. Take both. Go straight to the hands-on program. Or follow the complete series from beginning to end.

This isn't your father's composite lecture



We'll launch the new format in Spring 2027 with ***Dr. John Gammichia*** and ***Composite Unleashed: If You Think You Know Composite, Think Again.*** The journey begins virtually on ***February 18*** with ***Composite Confidence: Foundations That Actually Hold Up in the Real World***, an exploration of the adhesion principles, materials, and techniques behind predictable everyday composite dentistry.

~John Gammichia, DMD, FAGD will lead the way as we rethink what's possible with composite.

On ***March 18***, ***Beyond the Filling: Managing Cracked, Broken, and "Too Big" Composite Cases*** pushes into more challenging territory—larger and deeper restorations, fractured cusps, cracked and post-endodontic teeth, and the clinical decisions surrounding direct versus indirect treatment.

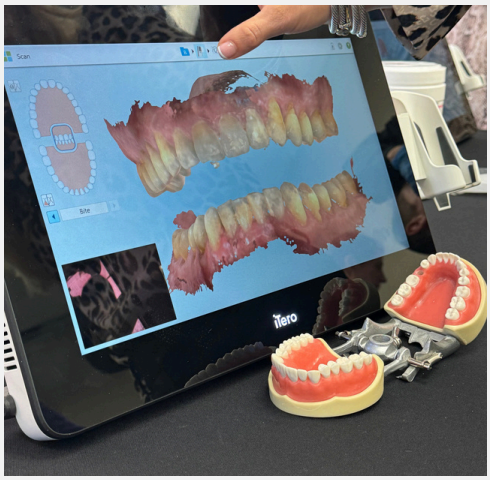
Then, on ***April 17,*** it's time to put it into practice. Dr. Gammichia's full-day hands-on course, ***Holy $%&@!, I Didn't Know You Could Do That With Composite!,*** moves from theory to execution as participants work through advanced direct composite techniques, including complex and multi-cusp restorations.

The new Participation Series isn't about replacing hands-on education. It's about creating a better pathway to it and giving more dentists the opportunity to learn along the way.

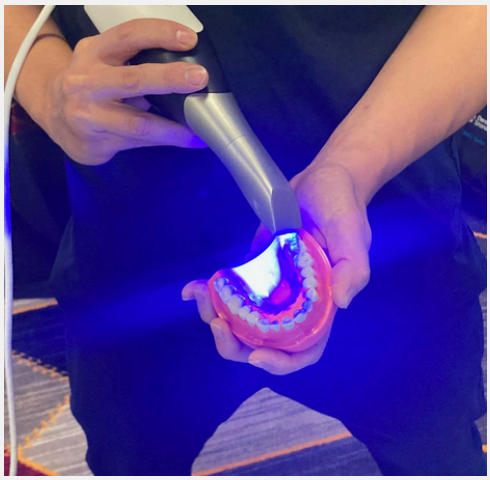
One program.
Multiple ways to participate.
A clear path from clinical knowledge to hands-on confidence.

THS way

TO LEARN MORE & REGISTER









Legislative Update

STEVE FELDMAN, DDS
CHAIR, MAGD LEGISLATIVE COMMITTEE

2026 Maryland Legislative Session: Key Updates for Dentists

The 2026 Maryland General Assembly concluded its legislative session on April 13 after considering 2,669 bills, approximately 35 of which had potential implications for dentistry. Throughout the session, organized dentistry closely monitored proposals affecting dentists, dental practices, insurance reimbursement, professional regulation, and patient care.

Several important measures advanced during the session, including legislation addressing assignment of benefits, professional licensing portability, and criminal history record checks. Other proposals affecting dental insurance and professional regulation were defeated, withdrawn, or did not advance before adjournment.

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Assignment of Benefits Legislation — PASSED

One of the most significant developments for Maryland dentists was the passage of HB 1091/SB 813, legislation expanding assignment of benefits (AOB) protections to dental care. The new law allows patients receiving care from nonpreferred dentists to assign their dental insurance benefits directly to the treating dentist. Dental insurers generally may not prohibit an assignment of benefits or refuse to reimburse a nonpreferred dentist directly when a valid AOB has been provided, subject to specified exceptions and disclosure requirements. The legislation also establishes procedures dentists must follow when obtaining an assignment of benefits from a patient. Effective date: January 1, 2027. For dentists who practice outside certain insurance networks, this represents an important change in how benefit payments may be directed and received.

Downcoding — Legislative Effort No Longer Necessary

HB 1153/SB 797 sought to prohibit insurers and Medicaid managed care organizations from improperly downcoding dental claims and reducing reimbursement. Following a Senate hearing on the legislation, however, the Maryland Insurance Administration issued a ruling in a CIGNA case determining that downcoding is already prohibited under existing Maryland law. As a result of that determination, additional legislation was no longer considered necessary. The development nevertheless provides important clarification for dentists regarding insurer downcoding practices in Maryland.

Licensing Portability for Military and Foreign Service Families — PASSED

SB 242/HB 420 and SB 418/HB 1120 addressed professional licensing portability for active-duty military personnel and their spouses, as well as members of the Foreign Service and their spouses, who relocate to Maryland. Amendments ensured that individuals practicing under these provisions remain subject to the same applicable scope-of-practice requirements and disciplinary authority as Maryland licensees.

The measures passed with amendments and are intended to reduce licensing barriers for eligible professionals relocating to Maryland while maintaining appropriate professional standards and oversight.

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Criminal History Record Checks for Health Occupations — PASSED

Beginning October 1, 2027, the Maryland State Board of Dental Examiners will require criminal history record checks for applicants renewing certain dental licenses and certificates, as well as for certain individuals seeking reinstatement. The legislation also establishes factors the Board must consider when evaluating criminal history information. Dentists and other affected dental professionals should be aware of these new requirements as the implementation date approaches.

Other Dental Legislation

State Board Disciplinary Authority and Inspections — FAILED

HB 373 would have expanded disciplinary grounds applicable to expanded-function dental assistants and made technical changes to requirements governing unannounced inspections. The legislation did not receive a Senate vote and therefore did not pass during the 2026 session.

Preventive-Care Frequency Limitations — FAILED

SB 120, the Healthy Moms and Healthy Smiles Act, would have reduced the maximum interval that insurers could impose between certain preventive dental services from 120 days to 90 days. The legislation did not receive a vote and did not advance.

Additional Legislation Affecting Dentistry

Organized dentistry also monitored legislation addressing issues such as noneconomic damages, gifts to health care professionals, health care financing, and the admissibility of medical bills in civil litigation.

Several of these measures were ultimately unsuccessful. Notably, proposed health care financing legislation was withdrawn following concerns that broad or ambiguous requirements could have placed dentists in difficult positions when offering or discussing financing options with patients.

Legislation that would have created a rebuttable presumption regarding the authenticity and reasonableness of medical bills in civil litigation also failed to receive a committee vote.

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Looking Ahead: Issues to Watch in 2027

Although the 2026 General Assembly session has concluded, several dental insurance issues are already emerging as priorities for organized dentistry. Two issues in particular—network leasing and fees associated with reimbursement by paper check—are expected to receive additional attention.

Network Leasing

Dentists who enter into contracts with dental insurance carriers and agree to participate in networks at reduced fee schedules may subsequently find that their contracts have been leased or shared with additional networks, sometimes without the dentist's knowledge or without the dentist having entered into a direct agreement with each individual plan. This practice can result in dentists participating in networks and accepting fee schedules that they did not specifically select or directly negotiate. The Maryland State Dental Association (MSDA) Legislative Affairs Committee (LAC) plans to pursue legislation during the 2027 Maryland General Assembly that would prohibit this practice unless the participating dentist provides prior written consent. If enacted, such legislation could provide dentists with greater transparency and control over the insurance networks in which they participate.

Electronic Funds Transfers and Fees for Paper Checks

Another emerging concern involves the methods insurers use to reimburse dental practices. The MSDA Dental Benefits Committee (DBC) has become aware that some dental insurers may be assessing dentists a fee when reimbursement is issued by paper check rather than through electronic funds transfer (EFT).
The DBC plans to submit a resolution to the 2026 MSDA House of Delegates directing the committee, in coordination with the Legislative Affairs Committee, to seek a determination from the Maryland Insurance Administration (MIA) regarding whether charging dentists for reimbursement by paper check is consistent with applicable Maryland regulations. If the practice is determined to be permissible under current regulations, organized dentistry may explore legislation to address the issue.

These developing issues highlight the importance of continued attention to dental insurance practices and their impact on Maryland dentists. As preparations begin for the 2027 legislative session, network participation, reimbursement practices, and greater transparency in dental benefit plans are likely to remain important areas of focus.

Becoming more intentional about public health does not require redesigning your practice. It can begin with five questions.



The answers will vary for each practice. For one dentist, the next step may be strengthening tobacco-cessation counseling. For another, it may be developing a referral relationship with a community clinic. Another may mentor dental students, volunteer at a community event, improve language access, participate in organized dentistry, or advocate for policies that improve oral health. Public health does not always happen through large programs. Often, it happens one patient, one practice, and one community at a time.

The Practice Is Part of the Community

Dentistry is sometimes described as a profession centered on procedures. We restore teeth, perform endodontic therapy, treat periodontal disease, replace missing teeth, manage emergencies, and relieve pain. But the value of general dentistry is larger than the sum of those procedures. *Continued on page 29*

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FEATURE ARTICLE - *General Dentistry is Public Health*

We help people eat comfortably. We help them speak, smile, work, and interact with confidence. We detect oral disease. We prevent suffering. We educate families. We care for patients across decades and sometimes across generations. And collectively, we influence the health of our communities.

The next time we place fluoride varnish, explain the connection between diabetes and periodontal health, help a patient understand a diagnosis, identify a suspicious lesion, connect someone with a needed resource, mentor a young dentist, or advocate through organized dentistry, perhaps we should recognize those actions for what they are.

They are excellent dental care. They are also public health. Every dental practice is, in some measure, a community health practice. And every general dentist has an opportunity to improve not only the health of the patient in the chair, but also the health of the community beyond it.

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Announcing 2027 SPEAKER SERIES

Expert Insights for Everyday Practice

Great continuing education should do more than add hours to your CE record. It should challenge your thinking, strengthen your clinical decision-making, introduce you to new approaches, and ultimately make a difference in the care you provide your patients.

That philosophy is at the heart of the ***2027 Maryland AGD Speaker Series: Expert Insights for Everyday Practice.***

Throughout the coming year, MAGD will welcome three accomplished dental educators for full-day programs focused on restorative and esthetic dentistry. Each brings deep expertise and a different clinical perspective, but all three programs share a common goal: delivering high-quality, evidence-based education that dentists can translate into their everyday practices.

As dentistry continues to evolve, so does the knowledge required to practice it at the highest level. MAGD remains committed to providing Maryland dentists access to exceptional educators, current clinical thinking, and meaningful opportunities to continue learning throughout their careers.

Three outstanding educators.
Three full days of learning.
One commitment to exceptional dental education.

Scan to learn more about the 2027 Speaker Series & Register

JANUARY 15

Connecting the Dots from Diagnosis to Definitive Reconstruction

We begin on January 15 with Alan Atlas, DMD, and Connecting the Dots from Diagnosis to Definitive Reconstruction. Dr. Atlas will take participants through the series of biologic, adhesive, biomechanical, and restorative decisions that influence successful restorative outcomes—from the initial diagnosis through completion and maintenance of the definitive restoration. The emphasis is not simply on performing a procedure, but on understanding the clinical decisions that lead to predictable results.

MAY 7

The Illusionist's Touch: Adhesive Mastery in Minimally Invasive Veneers.

On May 7, internationally recognized educator Roberto Macedo, DDS, MS, PhD, joins us for The Illusionist's Touch: Adhesive Mastery in Minimally Invasive Veneers. This full-day exploration of contemporary veneer dentistry focuses on preservation, precision, adhesive mastery, and the optical techniques that can produce natural esthetic results while preserving maximum enamel. Participants will explore a practical workflow for navigating challenging veneer cases while reducing over-preparation and other common sources of failure.

DECEMBER 3

Cure with Confidence: From Composite to Crown

We close the 2027 Speaker Series on December 3 with Jennifer Derse, DDS, presenting Cure with Confidence: From Composite to Crown. Dr. Derse will bring the year back to the decisions clinicians make every day, exploring diagnosis, treatment planning, material selection, and minimally invasive preparation across the restorative spectrum. The goal: more consistent workflows, greater confidence in treatment decisions, and predictable, long-lasting outcomes.

Together, the three programs represent what MAGD believes continuing dental education should be: clinically relevant, grounded in expertise, and designed to make an impact long after the course ends.

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