

ASSEMBLY, No. 3931

STATE OF NEW JERSEY

220th LEGISLATURE

INTRODUCED MAY 12, 2022

Sponsored by:

Assemblywoman VERLINA REYNOLDS-JACKSON

District 15 (Hunterdon and Mercer)

Assemblyman BENJIE E. WIMBERLY

District 35 (Bergen and Passaic)

Assemblywoman SHAVONDA E. SUMTER

District 35 (Bergen and Passaic)

SYNOPSIS

Establishes MOM Project oral health three-year pilot program in DOH; appropriates \$4,150,000.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 11/30/2023)

1 AN ACT establishing the MOM Project oral health three-year pilot
2 program in the DOH, and making an appropriation.

3
4 **BE IT ENACTED** *by the Senate and General Assembly of the State*
5 *of New Jersey:*

6
7 1. As used in this act:

8 “Community oral health center” or “center” means the following
9 in-State entities: a federally qualified health center, a dental home,
10 or an acute care hospital licensed by the Department of Health that
11 provides dental services to individuals who reside in a medically
12 underserved area.

13 “Dental home” means a licensed dental practice that administers
14 services in manner that is accessible, culturally-sensitive, and
15 family-centered. A “dental home” does not include a licensed
16 dental practice if less than 75 percent of the dental practice’s
17 patients are individuals who are low income and who reside in a
18 medically underserved area

19 “Department” means the Department of Health.

20 “Eligible mother” or “mother” means a State resident who is
21 pregnant, low-income, and not enrolled in, eligible for, or
22 determined presumptively eligible for coverage under any Medicaid
23 program.

24 “Low-income” means a gross annual household income that is
25 less than 300 percent of the federal poverty level.

26 “Maternal and child health consortium” or “consortium” means a
27 nonprofit organization licensed as a central service facility by the
28 department, and incorporated under Section 501(c)(3) of the United
29 States Internal Revenue Code.

30 “Medically underserved area” means an area designated by the
31 federal Health Resources and Services Administration as having too
32 few primary care providers, a high rate of infant mortality and
33 poverty, and a disproportionately high share of elderly persons in
34 the population of the area.

35 “MOM Project” or “program” means the MOM Project program
36 established pursuant to section 3 of this act.

37
38 2. The Legislature finds and declares:

39 a. Maternal periodontal disease is linked to preterm birth and
40 low birthweight.

41 b. Pregnant women with chronic periodontal disease are seven
42 times more likely to go into labor prematurely.

43 c. Treatment of periodontal disease during pregnancy has been
44 shown to be safe and effective.

45 d. The federal Centers for Disease Control and Prevention
46 reports that 47 percent of American adults 30 years of age or older

1 have periodontal disease, and between 60 percent and 75 percent of
2 pregnant women have gingivitis, which can occur due to hormonal
3 changes during pregnancy.

4 e. According to the American Academy of Pediatric Dentistry,
5 early childhood cavities remain a significant, but preventable public
6 health problem.

7 f. High levels of cariogenic bacteria in pregnant women can
8 increase the risk of dental cavities in infants or young children.

9 g. Pregnant women and caregivers can implement preventive
10 measures to decrease a child's risk of developing dental disease.

11 h. According to an article published in the New England
12 Journal of Medicine:

13 (1) the cost of dental care in the U.S. has increased 30 percent in
14 the past 20 years;

15 (2) in 2018, Americans paid \$55 billion in out-of-pocket dental
16 expenses, which was more than 25 percent of all health care out-of-
17 pocket spending;

18 (3) dental and oral disease is particularly burdensome to
19 marginalized and chronically underserved populations; and

20 (4) groups that have been most affected by COVID-19 in the
21 U.S. appear to be those groups with disproportionately high rates of
22 oral disease;

23 i. Pregnant women and women who have recently given birth in
24 medically underserved areas and people who earn a low-income
25 tend to lack access to dental care due to:

26 (1) lack of insurance coverage for dental care services;

27 (2) the absence or shortage of free or reduced-cost dental care
28 services;

29 (3) language barriers; and

30 (4) fear due to immigration status, discrimination, or bias related
31 to racial or socio-economic status;

32 j. It is in the public interest for the Legislature:

33 (1) to fund the MOM Project to test and design a sustainable
34 model for access to oral health education and dental care for certain
35 at-risk women who are pregnant or who recently have given birth;
36 and

37 (2) to collect data regarding the effect of dental health care and
38 education on health.

39

40 3. There is established in the Department of Health, the MOM
41 Project three-year pilot program.

42 a. The department shall administer the program in conjunction
43 with at least one maternal child health consortium. Within 90 days
44 following the effective date of this act, each participating
45 consortium shall begin to provide the following program services:

1 (1) Each consortium shall implement an outreach plan to identify
2 eligible mothers, who reside in the area served by the consortium,
3 and register the mothers in the program. Upon registration and in a
4 manner that is consistent with federal and State privacy laws, the
5 consortium shall endeavor to collect the following information from
6 eligible mothers: whether the mother has or had access to a dental
7 home during a current or prior pregnancy; the mother's oral hygiene
8 routine, including the use of fluoride toothpaste; the mother's
9 dietary habits; and the results of previous pregnancies.

10 (2) Each consortium shall establish an oral health education
11 program. Prior to the commencement of the oral health education
12 program, each consortium shall require eligible mothers to complete
13 a pre-education assessment that includes testing the mother's
14 understanding of oral health and oral hygiene.

15 (3) Each consortium shall provide eligible mothers a minimum
16 of three hours of oral health education that includes the following:
17 oral hygiene routines for mothers, infants, and children; nutritional
18 counseling; education regarding the correlation between cariogenic
19 disease and cardiovascular disease, diabetes, and gastric changes;
20 the impact of tobacco, drugs, and alcohol on a mother's oral health
21 and the unborn child; recommendations and resources for routine
22 oral health care for mothers, infants, and children; and education
23 regarding available educational support. Oral health education
24 program educators shall be compatible with the language and
25 cultural needs of the eligible mothers enrolled in the oral health
26 education program.

27 (4) Following the eligible mother's completion of the oral health
28 education program, the consortium shall require the eligible mother
29 to complete a post-education assessment that includes testing to
30 assess the mother's understanding of oral health and oral hygiene
31 routines.

32 b. Within 90 days following the effective date of this act, a
33 community oral health center seeking to participate in the MOM
34 Project shall file an application with the department, in a manner to
35 be determined by the department. The department shall require an
36 eligible community oral health center to enter into an agreement
37 with a consortium to implement the following:

38 (1) Following an eligible mother's completion of the oral health
39 education program, the center shall develop a customized oral
40 health treatment plan and nutritional recommendations for the
41 mother, infant, and child, as applicable.

42 (2) Following an eligible mother's completion of the oral health
43 education program, provide the mother, infant, and child, as
44 applicable, oral health treatment for one year. The dental care shall
45 include the following:

- 1 (a) a dental visit for cleaning, cavity risk assessment,
2 periodontal charting, and to establish a one-year treatment plan;
- 3 (b) comprehensive dental care and restorative treatment as
4 needed;
- 5 (c) a cleaning and treatment plan review approximately six
6 months and one year following the date of the initial dental visit;
- 7 (d) two dental visits for the child or infant; and
- 8 (e) identification of a dental home for the child or infant before
9 the infant receives his or her first tooth.
- 10 c. Within 180 days following the effective date of this act, each
11 consortium and health center shall compile and report relevant data
12 to the department, as determined by the department.
- 13 d. (1) Within 180 days following the effective date of this act,
14 the department shall contract with a third-party to assist with data
15 analysis and project evaluation activities.
- 16 (2) Prior to the expiration of this act, the department and the
17 third-party hired to assist with data analysis and project evaluation
18 activities shall informally convene an advisory panel of interested
19 stakeholders, including, but not limited to, the consortia and centers
20 participating in the MOM Project, Medicaid managed care
21 organizations, and the Department of Human Services to evaluate
22 reported data. This evaluation shall consider, at a minimum, the
23 costs of the MOM Project and comparison costs if similar services
24 were purchased through the Medicaid program on a fee for service
25 basis, the results of the oral health education program based on test
26 results, and maternal and child health outcomes as compared to a
27 similar group of Medicaid beneficiaries who did not participate in
28 the MOM Project. Based on its findings, the advisory panel shall
29 design a model to be potentially included in the Medicaid program.
- 30 (3) The department shall prepare and submit a report of its
31 findings to the Governor, and to the Legislature, pursuant to section
32 2 of P.L.1991, c.164 (C.52:14-19.1).
- 33
- 34 4. a. There is appropriated from the General Fund to the
35 Department of Health such sums as may be necessary to effectuate
36 the purposes of this act, but not to exceed \$4,150,000, as shall be
37 determined by the Commissioner of Health.
- 38 b. Maternal and child health consortia shall receive the
39 following reimbursement for services: \$200,000 in the first year,
40 \$400,000 in the second year, and \$650,000 in the third year.
- 41 c. Community oral health centers shall receive the following
42 reimbursement for services: up to \$5,000 per eligible mother and
43 not to exceed 75 mothers in the first year, up to \$5,000 per eligible
44 mother and not to exceed 150 mothers in the second year, and up to
45 \$5,000 per eligible mother and not to exceed 300 mothers in the
46 third year.

1 d. The third-party hired by the department to assist with data
2 analysis and project evaluation activities shall receive \$275,000 for
3 the provision of services.

4
5 5. This act shall take effect 90 days following the date of
6 enactment and shall expire three years thereafter.

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9 STATEMENT

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11 This bill establishes the MOM Project oral health three-year pilot
12 program (program) in the Department of Health (department) and
13 appropriates \$4,150,000.

14 Under the bill, “community oral health center” or “center” means
15 the following in-State entities: a federally qualified health center, a
16 dental home, or an acute care hospital licensed by the department
17 that provides dental services to individuals who reside in a
18 medically underserved area. “Dental home” means a licensed dental
19 practice that administers services in manner that is accessible,
20 culturally-sensitive, and family-centered. A “dental home” does not
21 include a licensed dental practice if less than 75 percent of the
22 dental practice’s patients are individuals who are low income and
23 who reside in a medically underserved area. “Eligible mother” or
24 “mother” means a State resident who is pregnant, low-income, and
25 not enrolled in, eligible for, or determined presumptively eligible
26 for coverage under any Medicaid program. “Maternal and child
27 health consortium” or “consortium” means a nonprofit organization
28 licensed as a central service facility by the department, and
29 incorporated under Section 501(c)(3) of the United States Internal
30 Revenue Code.

31 Under the bill, the department is to administer the program in
32 conjunction with at least one consortium. Within 90 days following
33 the effective date of this bill, each participating consortium is to
34 begin to provide the following program services:

35 (1) Each consortium is to implement an outreach plan to identify
36 eligible mothers, who reside in the area served by the consortium,
37 and register the mothers in the program. Upon registration and in a
38 manner that is consistent with federal and State privacy laws, the
39 consortium is to endeavor to collect the following information from
40 eligible mothers: whether the mother has or had access to a dental
41 home during a current or prior pregnancy; the mother’s oral hygiene
42 routine, including the use of fluoride toothpaste; the mother’s
43 dietary habits; and the result of previous pregnancies.

44 (2) Each consortium is to establish an oral health education
45 program. Prior to the commencement of the oral health education
46 program, each consortium is to require eligible mothers to complete

1 a pre-education assessment that includes testing the mother's
2 understanding of oral health and oral hygiene.

3 (3) Each consortium is to provide eligible mothers a minimum
4 of three hours of oral health education that includes the following:
5 oral hygiene routines for mothers, infants, and children; nutritional
6 counseling; education regarding the correlation between cariogenic
7 disease and cardiovascular disease, diabetes, and gastric changes;
8 the impact of tobacco, drugs, and alcohol on a mother's oral health
9 and the unborn child; recommendations and resources for routine
10 oral health care for mothers, infants, and children; and education
11 regarding available educational support. Oral health education
12 program educators are to be compatible with the language and
13 cultural needs of the eligible mothers enrolled in the oral health
14 education program.

15 (4) Following the eligible mother's completion of the oral health
16 education program, the consortium is to require the eligible mother
17 to complete a post-education assessment that includes testing to
18 assess the mother's understanding of oral health and oral hygiene
19 routines.

20 Under the bill, within 90 days following the effective date of this
21 bill, a community oral health center seeking to participate in the
22 MOM Project is to file an application with the department, in a
23 manner to be determined by the department. The department is to
24 require an eligible community oral health center to enter into an
25 agreement with a consortium to implement the following:

26 (1) Following an eligible mother's completion of the oral health
27 education program, the center is to develop a customized oral health
28 treatment plan and nutritional recommendations for the mother,
29 infant, and child, as applicable.

30 (2) Following an eligible mother's completion of the oral health
31 education program, provide the mother, infant, and child, as
32 applicable, oral health treatment for one year. The dental care shall
33 include the following:

34 (a) a dental visit for cleaning, cavity risk assessment,
35 periodontal charting, and to establish a one-year treatment plan;

36 (b) comprehensive dental care and restorative treatment as
37 needed;

38 (c) a cleaning and treatment plan review approximately six
39 months and one year following the date of the initial dental visit;

40 (d) two dental visits for the infant or child; and

41 (e) identification of a dental home for the child or infant before
42 the infant receives his or her first tooth.

43 Under the bill, within 180 days following the effective date of
44 this bill, each consortium and health center is to compile and report
45 relevant data to the department, as determined by the department.
46 The department is to contract with a third-party to assist with data

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1 analysis and project evaluation activities. The department and the
2 third-party hired are to informally convene an advisory panel to
3 design an oral health model to be potentially included in the
4 Medicaid program. The department is to prepare and submit a
5 report of its findings to the Governor and to the Legislature.

6 The bill appropriates \$4,150,000 to the department to effectuate
7 the purposes of the bill, as detailed in section 4 of the bill.