

Department of Legislative Services
Maryland General Assembly
2018 Session

FISCAL AND POLICY NOTE
Third Reader - Revised

House Bill 879

(Delegate Cullison)

Health and Government Operations

Education, Health, and Environmental Affairs

Task Force on Oral Health in Maryland

This bill establishes the Task Force on Oral Health in Maryland. The Maryland Department of Health (MDH) and the Department of Legislative Services (DLS) must provide staff for the task force. Members may not receive compensation but are entitled to reimbursement for expenses under the standard State travel regulations, as provided in the State budget. The task force must submit an interim report by May 1, 2019, and a final report by December 1, 2019, to the Governor and specified committees of the General Assembly. **The bill takes effect July 1, 2018, and terminates June 30, 2020.**

Fiscal Summary

State Effect: The bill's requirements can be handled with existing budgeted resources, as discussed below. Revenues are not affected.

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: The task force must:

- analyze current access to dental services in the State, with a focus on residents affected by poverty, disabilities, or aging;
- identify areas of the State where a significant number of residents are not receiving oral health care services;
- identify barriers to receiving dental services in areas in need;

- analyze the specific impact of such barriers;
- assess options to eliminate such barriers, including the feasibility of establishing a program for dental therapy in the State; and
- make recommendations to increase access to dental services in the State.

Current Law/Background: The Oral Health Safety Net Program, as established under the Health-General Article, provides start-up funding to expand oral health capacity for underserved low-income and disabled individuals, including individuals enrolled in Medicaid and the Maryland Children’s Health Program. MDH’s Office of Oral Health has to conduct an annual evaluation of the program and report specified information to the Governor and the General Assembly by November 1 of each year.

The 2016 annual report for the Oral Health Safety Net Program (the latest report available), submitted jointly by the Office of Oral Health and Medicaid, addressed several issues relating to dental care access, specifically (1) Medicaid availability and accessibility of dentists; (2) Medicaid dental administrative services organization utilization outcomes and allocation and use of related dental funds; (3) the results of the program; (4) the findings and recommendations of the Oral Cancer Initiative; and (5) other related oral health issues.

Additionally, in April 2015, the respective chairmen of the Senate Finance and House Health and Government Operations committees requested that the Maryland Dental Action Coalition (MDAC) conduct a study on expanding access to oral health care and coverage for adults, including extending Medicaid coverage for specific adult populations and establishing or expanding public health initiatives that support oral health care services for adults presently without dental coverage. MDAC contracted with the Hilltop Institute to conduct the study and presented a summary of its findings to the House Health and Government Operations Committee in February 2016.

In the final report, Hilltop estimated the costs of three different levels of benefit coverage on a per member per month (PMPM) basis: (1) a basic benefit for preventive and restorative care; (2) an extensive benefit that covers basic benefit and services such as periodontal and dental surgery; and (3) an extensive benefit with an annual expenditure cap of \$1,000. Hilltop estimated that the cost of providing a basic benefit would range from \$5.75 to \$13.08 PMPM.

According to The Pew Charitable Trusts, dental therapists are midlevel providers, similar to physician assistants, who deliver preventive and routine restorative care, such as fillings, temporary crowns, and extractions of badly diseased or loose teeth. The Pew Charitable Trusts reports that, as of January 2018, three states (Maine, Minnesota, and Vermont) allow dentists to hire dental therapists. Washington and Oregon authorize dental therapists in tribal areas. Alaskan native tribes have also authorized dental therapy. As of March 1, 2017, there

were 73 licensed dental therapists in Minnesota (compared with 5,643 licensed dental hygienists).

State Expenditures: Although MDH's Prevention and Health Promotion Administration (PHPA) advises that it must hire one part-time (25%) employee to staff the task force, DLS advises that, as DLS and PHPA share staffing responsibilities, PHPA can likely handle these duties with existing resources. However, staff may need to be temporarily diverted from other tasks in order to staff the task force, conduct the required assessments, and meet the bill's reporting requirements.

Additional Comments: The bill requires MDH's Deputy Secretary for Health Care Financing (or the Deputy Secretary's designee) to serve as a member and co-chair of the task force. However, as of March 2018, this position is vacant (associated responsibilities have been assumed by MDH's chief operating officer).

Additional Information

Prior Introductions: None.

Cross File: SB 544 (Senator Conway) - Education, Health, and Environmental Affairs.

Information Source(s): Maryland Department of Health; Office of Administrative Hearings; The Hilltop Institute; *Pew Charitable Trusts*; Department of Legislative Services

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