

HOUSE BILL 368

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(PRE-FILED)

1lr1164
CF SB 100

By: **Delegate Bagnall**

Requested: October 27, 2020

Introduced and read first time: January 13, 2021

Assigned to: Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 7, 2021

CHAPTER _____

1 AN ACT concerning

2 **Task Force on Oral Health in Maryland**

3 FOR the purpose of establishing the Task Force on Oral Health in Maryland; providing for
4 the composition, chair, and staffing of the Task Force; prohibiting a member of the
5 Task Force from receiving certain compensation, but authorizing the reimbursement
6 of certain expenses; requiring the Task Force to study and make recommendations
7 regarding certain matters; requiring the Task Force to submit interim and final
8 reports to the Governor and certain committees of the General Assembly on or before
9 certain dates; providing for the termination of this Act; and generally relating to the
10 Task Force on Oral Health in Maryland.

11 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,

12 That:

13 (a) There is a Task Force on Oral Health in Maryland.

14 (b) The Task Force consists of the following members:

15 (1) the Deputy Secretary for ~~Health Care Financing~~ Public Health
16 Services, or the Deputy Secretary's designee;

17 (2) the Dean of the University of Maryland School of Dentistry, or the
18 Dean's designee;

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 (3) the Secretary of the Maryland Higher Education Commission, or the
2 Secretary's designee;

3 (4) the Dental Director of Maryland Healthy Smiles Dental Program, or
4 the Dental Director's designee;

5 (5) the Director of the Office of Oral Health in the Maryland Department
6 of Health, or the Director's designee;

7 (6) one representative from each of the following organizations, selected by
8 the organization:

9 (i) the Maryland State Dental Association;

10 (ii) the Maryland Dental Society;

11 (iii) the Maryland Dental Hygienists' Association;

12 (iv) the Advocates for Children and Youth;

13 (v) the Maryland Developmental Disabilities Council;

14 (vi) the Maryland Alliance for the Poor;

15 (vii) the Maryland Association of Community Colleges, who is
16 knowledgeable about community college-based dental auxiliary programs;

17 (viii) the State Board of Dental Examiners;

18 (ix) the Maryland MCO Association; ~~and~~

19 (x) the Maryland Dental Action Coalition; and

20 (xi) the Maryland Rural Health Association; and

21 (7) the following representatives appointed by the cochairs of the Task
22 Force:

23 (i) one representative from a nonprofit organization that advocates
24 for the health needs of the poor and that has experience organizing a Mission of Mercy
25 project;

26 (ii) one dentist working in a federally qualified health center or other
27 clinic providing dental services to underserved adults or children;

28 (iii) one representative of the nursing home industry;

1 (iv) one representative of a dental plan organization; and

2 (v) one dental hygienist who works in a federally qualified health
3 center or other clinic providing dental services to underserved adults or children.

4 (c) The Deputy Secretary for ~~Health Care Financing~~ Public Health Services, or
5 the Deputy Secretary's designee, and the Dean of the University of Maryland School of
6 Dentistry, or the Dean's designee, shall be cochairs of the Task Force.

7 (d) The Maryland Department of Health and the Department of Legislative
8 Services shall provide staff for the Task Force.

9 (e) A member of the Task Force:

10 (1) may not receive compensation as a member of the Task Force; but

11 (2) is entitled to reimbursement for expenses under the Standard State
12 Travel Regulations, as provided in the State budget.

13 (f) The Task Force shall:

14 (1) analyze the current access to dental services for all residents of the
15 State with a focus on ~~residents affected by poverty, disabilities, or aging~~ socioeconomic
16 status, race, ethnicity, age, and disability of residents as factors impacting access to dental
17 services;

18 (2) identify areas of the State where a significant number of residents are
19 not receiving oral health care services, distinguishing between the pediatric and adult
20 populations;

21 (3) identify barriers to receiving dental services in the areas identified
22 under item (2) of this subsection, including:

23 (i) the impact of implicit bias and the socioeconomic status, race,
24 and ethnicity of residents of the State;

25 ~~(i)~~ (ii) the impact of low oral health literacy;

26 ~~(ii)~~ (iii) the lack of understanding of oral health and its
27 relationship to overall health;

28 ~~(iii)~~ (iv) the cost or the existence of limited resources;

29 ~~(iv)~~ (v) the young age of parents of pediatric Medicaid-eligible
30 children;

31 ~~(v)~~ (vi) the location of dental offices, focusing on a lack of

1 transportation;

2 ~~(vi)~~ (vii) language and cultural barriers;

3 ~~(vii)~~ (viii) the lack of Medicaid dental coverage or dental insurance;

4 ~~(viii)~~ (ix) inconvenient office hours; and

5 ~~(ix)~~ (x) factors that relate to anxiety and lack of understanding of
6 the need for dental services;

7 (4) analyze the specific impact of each barrier identified under item (3) of
8 this subsection;

9 (5) assess options to eliminate the barriers identified under item (3) of this
10 subsection, including:

11 (i) methods to educate physicians of the need to refer their patients
12 for dental care;

13 (ii) methods to facilitate children beginning to receive dental care by
14 1 year of age;

15 (iii) methods to facilitate the delivery of dental care to patients who
16 are elderly, especially those in assisted living and nursing homes;

17 (iv) methods to begin reestablishing dental Medicaid for adults,
18 including making a cost–benefit analysis;

19 (v) evaluating the benefits of mid–level providers, including a dental
20 therapist, and the cost and efficacy of establishing an education program for dental therapy
21 that meets Commission on Dental Accreditation standards;

22 (vi) in assessing the potential role for a dental therapist:

23 1. making an assessment of existing educational
24 opportunities, if any, for the study of dental therapy and a determination of the feasibility
25 of expanding educational opportunities in the State for the study of dental therapy;

26 2. performing an examination of the experience in
27 Minnesota, including the number of dental therapists licensed, the number currently
28 enrolled in programs, the cost of the dental therapy education, and the extent to which
29 dental therapists are providing services in clinics and private practice serving low–income
30 patients; and

31 3. making a determination whether the implementation of a
32 dental therapist program in Maryland will significantly increase access to quality dental

1 care to the underserved poor, disabled, or elderly;

2 (vii) the impact of reinstating hospital-based dental residency
3 programs;

4 (viii) the expansion of current programs and initiatives, such as
5 community dental health coordinators, across the State;

6 (ix) the expansion of public education programs in the schools,
7 through local health departments, to show the need for preventive dental services; and

8 (x) financial support to dentists who agree to provide care in
9 underserved areas, or who agree to provide lower-cost or pro bono dental services; and

10 (6) make recommendations regarding methods to increase access to dental
11 services in the State.

12 (g) (1) On or before May 1, 2022, the Task Force shall submit an interim report
13 of its findings and recommendations to the Governor and, in accordance with § 2-1257 of
14 the State Government Article, the Senate Education, Health, and Environmental Affairs
15 Committee, the Senate Finance Committee, and the House Health and Government
16 Operations Committee.

17 (2) On or before December 1, 2022, the Task Force shall submit a final
18 report of its findings and recommendations to the Governor and, in accordance with §
19 2-1257 of the State Government Article, the Senate Education, Health, and Environmental
20 Affairs Committee, the Senate Finance Committee, and the House Health and Government
21 Operations Committee.

22 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July
23 1, 2021. It shall remain effective for a period of 2 years and, at the end of June 30, 2023,
24 this Act, with no further action required by the General Assembly, shall be abrogated and
25 of no further force and effect.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.