

SENATE BILL 100

J1

(11r1019)

ENROLLED BILL

— Finance/Health and Government Operations —

Introduced by ~~Senator Kelley~~ Senators Kelley, Augustine, Beidle, Benson, Feldman, Hayes, Hershey, Jennings, Klausmeier, Kramer, and Ready

Read and Examined by Proofreaders:

Proofreader.

Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this _____ day of _____ at _____ o'clock, _____ M.

President.

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:

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.

Italics indicate opposite chamber/conference committee amendments.



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

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

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

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

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

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

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

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

15 (i) the Maryland State Dental Association;

16 (ii) the Maryland Dental Society;

17 (iii) the Maryland Dental Hygienists' Association;

18 (iv) the Advocates for Children and Youth;

19 (v) the Maryland Developmental Disabilities Council;

20 (vi) the Maryland Alliance for the Poor;

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

23 (viii) the State Board of Dental Examiners;

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

25 (x) the Maryland Dental Action Coalition; and

26 *(xi) the Maryland Rural Health Association; and*

27 (7) the following representatives appointed by the cochairs of the Task
28 Force:

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

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

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

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

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

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

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

15 (e) A member of the Task Force:

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

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

19 (f) The Task Force shall:

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

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

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

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

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

- 1 ~~(ii)~~ (iii) the lack of understanding of oral health and its
2 relationship to overall health;
- 3 ~~(iii)~~ (iv) the cost or the existence of limited resources;
- 4 ~~(iv)~~ (v) the young age of parents of pediatric Medicaid-eligible
5 children;
- 6 ~~(v)~~ (vi) the location of dental offices, focusing on a lack of
7 transportation;
- 8 ~~(vi)~~ (vii) language and cultural barriers;
- 9 ~~(vii)~~ (viii) the lack of Medicaid dental coverage or dental insurance;
- 10 ~~(viii)~~ (ix) inconvenient office hours; and
- 11 ~~(ix)~~ (x) factors that relate to anxiety and lack of understanding of
12 the need for dental services;
- 13 (4) analyze the specific impact of each barrier identified under item (3) of
14 this subsection;
- 15 (5) assess options to eliminate the barriers identified under item (3) of this
16 subsection, including:
- 17 (i) methods to educate physicians of the need to refer their patients
18 for dental care;
- 19 (ii) methods to facilitate children beginning to receive dental care by
20 1 year of age;
- 21 (iii) methods to facilitate the delivery of dental care to patients who
22 are elderly, especially those in assisted living and nursing homes;
- 23 (iv) methods to begin reestablishing dental Medicaid for adults,
24 including making a cost-benefit analysis;
- 25 (v) evaluating the benefits of mid-level providers, including a dental
26 therapist, and the cost and efficacy of establishing an education program for dental therapy
27 that meets Commission on Dental Accreditation standards;
- 28 (vi) in assessing the potential role for a dental therapist:

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

4 2. performing an examination of the experience in
5 Minnesota, including the number of dental therapists licensed, the number currently
6 enrolled in programs, the cost of the dental therapy education, and the extent to which
7 dental therapists are providing services in clinics and private practice serving low-income
8 patients; and

9 3. making a determination whether the implementation of a
10 dental therapist program in Maryland will significantly increase access to quality dental
11 care to the underserved poor, disabled, or elderly;

12 (vii) the impact of reinstating hospital-based dental residency
13 programs;

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

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

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

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

22 (g) (1) On or before May 1, 2022, the Task Force shall submit an interim report
23 of its findings and recommendations to the Governor and, in accordance with § 2–1257 of
24 the State Government Article, the Senate Education, Health, and Environmental Affairs
25 Committee, the Senate Finance Committee, and the House Health and Government
26 Operations Committee.

27 (2) On or before December 1, 2022, the Task Force shall submit a final
28 report of its findings and recommendations to the Governor and, in accordance with §
29 2–1257 of the State Government Article, the Senate Education, Health, and Environmental
30 Affairs Committee, the Senate Finance Committee, and the House Health and Government
31 Operations Committee.

32 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July
33 1, 2021. It shall remain effective for a period of 2 years and, at the end of June 30, 2023,
34 this Act, with no further action required by the General Assembly, shall be abrogated and
35 of no further force and effect.

Approved:

Governor.

President of the Senate.

Speaker of the House of Delegates.