



Fletcher & Fletcher Family Dentistry

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Delegate Shane Pendergrass, Chairman
Health & Government Operations Committee
House Office Building
6 Bladen St.
Annapolis, Maryland

Re: HB 921 Dentists – Saliva Lead Poisoning Screening Tests – Scope of Practice and Requirements

Madam Chair,

I am unable to attend the hearing due to employment obligations and offer this testimony in support of House Bill 921. I have testified before this committee many times on several concerns of the dental profession previously. It is important to provide perspective that affects the citizens of the State of Maryland and their oral health concerns. Although this bill is not specifically related to oral health issues, it is important to proactively address overall health concerns which includes oral health and the role of dentist. By expanding the points of care by inclusion of dentists within their scope of care we can increase the screenings for our young people and reduce healthcare costs for the State of Maryland.

The future of the delivery of health care services is moving towards interprofessional collaboration to address the whole person's care and the need to incorporate all health care professionals in that delivery. There are several points that should be included in the perspective of the decision process during deliberations on HB 921. Overall health of children and cost concerns are critical to adopting this legislation.

Early childhood development is severely affected by lead poisoning. The touch points for care should include visits to the dentist. The opportunities to assist in determining the status of the health of children can be enhanced by increasing the inclusion of other health care professionals, in addition to physicians, and their ability to screen for maladies such as lead poisoning. Screening utilizing a saliva test method is a natural means for those who work in the mouth, dentists. The scope of care for dentists should be inclusive of their ability to provide these screenings as a part of the cadre of health care professionals to help children in their pursuit of good health.

Physicians currently can provide fluoride varnish in children up to age 3 to reduce dental caries as recognized by the Centers for Medicaid and Medicare Services (CMS). This scope of care was deemed as an excellent way to address a health concern by health care professionals who do not traditionally work in the mouth. As such, these screenings should not be perceived as an encroachment on physician's ability to make determinations on the lead level status of children. I would expect that just as fluoride varnish applications are in the best interest of children that dentist performing the screenings for lead should be welcomed in that same best interest.

I currently work as the Dental Director for a Medicaid Managed Care Organization (MCO) along with other health care professionals contractually obligated to ensure that our enrollees get their lead screenings and report the findings to the Contractor. Subsequently that reporting is sent to CMS for oversight. Ideally every child should be screened and the current percentage of those screened falls far short of 100%. The number of those with lead poisoning cannot accurately be determined and we are not able to treat those who have not been screened. We need to be able to maximize the number of screenings by incorporation of every point of care available to us.

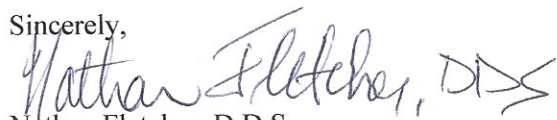
Our enrollees are from the underserved population in D.C. who frequently do not have the access to healthcare as the general population. Lead Poisoning disproportionately affects this population. That demographic and the associated circumstances can be found in Maryland as well. We cannot overlook

opportunities to address this issue before the cost for care due to lead poisoning overshadow this preventive screening by dentists equipped to administer the screening within their scope of care. This legislation expands the points of care in the interest of these youth.

When we observe the current means for screening of young children is invasive via blood draw the saliva testing is non-invasive in its method. The similar discomfort experienced by young children with their immunizations can be avoided. The uncomfortable feelings of parents for their children being subjected to a difficult blood draw can be avoided as well. The difficulties in obtaining blood in these youngsters should be noted and the lack of another option for screening should not be discounted. Thus, dentists with their ability to provide these screenings should also not be discounted. This legislation will significantly alleviate these uncomfortable situations for both the children and their parents.

When the concerns of health for our youngest citizens is viewed with the future in mind and the advancement of technology and testing methods in development, we should be proactively positioning ourselves as health care professionals to be ready to make the best of what we have in our armament currently and in the future. We cannot be shortsighted with our approach nor with who performs the services to keep our children healthy in every way we can. I urge a Favorable finding for HB 921 by this committee.

Sincerely,



Nathan Fletcher, D.D.S.

Dental Director, Amerihealth Caritas District of Columbia
Past National President, National Dental Association
Past President, Maryland Dental Society