

Department of Legislative Services
Maryland General Assembly
2009 Session

FISCAL AND POLICY NOTE
Revised

Senate Bill 602

(Senator Pinsky, *et al.*)

Education, Health, and Environmental Affairs

Health and Government Operations

Dental Hygienists - Expanded Functions

This bill expands the scope of practice for a licensed dental hygienist and authorizes the Board of Dental Examiners to adopt regulations governing the education, training, evaluation, examination, and administration associated with the expanded scope of practice. In addition, the bill allows for more flexibility in unsupervised clinical hours that dental hygienists can work by making the 60% threshold currently applicable to any given calendar week applicable to a three-month period instead.

Fiscal Summary

State Effect: Special fund revenues increase for the Department of Health and Mental Hygiene to the extent that dental hygienists pay fees to obtain permits to administer local anesthesia under the bill. While a reliable estimate cannot be made at this time, revenues likely do not increase until FY 2011 due to the fee revenue generated from issuing local anesthesia permits to dental hygienists. Fee revenue in future years may increase by as much as \$200,000 per year. In addition, the work associated with issuing a new set of permits under the bill is not absorbable within existing board resources. Instead, special fund expenditures increase minimally beginning in FY 2011 for short-term contractual staff to support the additional permitting activity.

Local Effect: None.

Small Business Effect: Minimal.

Analysis

Bill Summary: Two functions are added to the scope of practice for a dental hygienist – performing a manual curettage in conjunction with scaling or root planning and administering local anesthesia.

The bill specifies that a dental hygienist may administer local anesthesia only under the supervision of a dentist who is physically present and who prescribes the administration of local anesthesia by the dental hygienist. Dental hygienists must complete any board-established educational requirements and a board-required written and clinical exam before administering local anesthesia. The educational requirements must be obtained from an accredited dental hygiene program.

Current Law: A licensed dental hygienist is authorized to perform a preliminary dental exam; perform a complete prophylaxis, including the removal of any deposit, accretion, or stain from the tooth surface or restoration; polish a tooth or restoration; chart cavities, restorations, missing teeth, periodontal conditions, and other features observed; apply a medicinal agent to a tooth for prophylactic purpose; take a dental X ray; or perform any other intraoral function authorized by the State Board of Dental Examiners. Regulations authorize a licensed dental hygienist to perform scaling and root planing.

The board adopts regulations governing the administration of sedation, general anesthesia, nitrous oxide, and other pain-relieving medications by licensed dentists. Dental hygienists are not authorized to administer any pain-relieving medications.

A private dental office in which a dental hygienist is authorized to practice under the general supervision of a licensed dentist has to ensure that there is a written agreement between the supervising dentist and the dental hygienist practicing under general supervision that clearly sets forth the terms and conditions under which the dental hygienist can practice. In addition, the number of unsupervised clinical hours worked by a supervised dental hygienist in any given calendar week have to be less than 60% of the dental hygienist's total hours.

A dentist must hold a board-issued general anesthesia permit to administer general anesthesia. To qualify for the permit, a dentist has to meet one of the following three requirements: (1) complete at least one year of training in anesthesiology and related academic subjects beyond the dental school level in a program approved by the board; (2) be a diplomat or member of the American Board of Oral and Maxillofacial Surgery, be eligible for its exam, or have completed an oral and maxillofacial surgery training program approved by the Commission on Dental Accreditation of the American Dental Association; or (3) be a fellow of the American Dental Society of Anesthesiology. The dentist must also be evaluated by the board or its designee.

Background: In 2008, the board regulated 3,068 dental hygienists and 5,576 dentists.

State Revenues: The board advises that it plans to develop regulations establishing a permit system for dental hygienists to administer anesthesia and will charge \$135 to issue local anesthesia permits to active dental hygienists and \$75 to issue the same permit to inactive dental hygienists. Licenses are renewed biennially, and the board renews about half of all dental hygienist licenses every year. The board estimates that all dental hygienists, active and inactive, will choose to obtain a local anesthesia permit upon his or her license renewal. Therefore, the board advises that special fund revenues increase by \$205,200 in fiscal 2010 to issue the permits to 1,475 active dental hygienists and 86 inactive dental hygienists who are scheduled to renew in 2010.

However, Legislative Services advises that, given the time it takes to develop regulations for a permit system as well as any training requirement to administer local anesthesia, it is unlikely that many dental hygienists can obtain a permit in 2010. Legislative Services further advises that many inactive dental hygienists and perhaps some active dental hygienists may choose not to obtain a permit, at least not immediately, since a dental hygienist license is not dependent on a requirement to obtain a local anesthesia permit. Therefore, the revenue generated from permit fees is likely to be less than the board's estimate of \$205,200 in fiscal 2010 and delayed by a year or more. *For illustrative purposes only*, Legislative Services advises that special fund revenue increases in fiscal 2011 and future years as dental hygienists obtain permits at the \$75 and \$135 levels suggested by the board, possibly by as much as \$200,000 per year, since the board renews about half of all dental hygienists licenses every year.

State Expenditures: The board can develop regulations regarding the performance of manual curettage in conjunction with scaling and root planning and administering local anesthesia with existing resources. However, the work associated with issuing a new set of permits for dental hygienists to administer local anesthesia is not absorbable within existing board resources. The board advises that it expects a significant increase in inquiries regarding the new dental hygiene anesthesia permit and its requirements. The board also expects workloads to increase to review permit applications under the bill. Therefore, special fund expenditures increase minimally beginning in fiscal 2011 for contractual staff to support the additional permitting activity.

Additional Information

Prior Introductions: None.

Cross File: None designated; however, HB 576 is identical.

Information Source(s): Department of Health and Mental Hygiene, Department of Legislative Services

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