

Department of Legislative Services
Maryland General Assembly
2014 Session

FISCAL AND POLICY NOTE

House Bill 101 (Delegate Kipke)
Health and Government Operations Education, Health, and Environmental Affairs

Dental Hygienists - Nitrous Oxide - Repeal of Termination Date

This bill makes permanent the provisions of law that authorize a licensed dental hygienist to monitor a patient to whom nitrous oxide has been administered, by repealing the termination dates of Chapters 271 and 272 of 2011.

The bill takes effect July 1, 2014.

Fiscal Summary

State Effect: Special fund revenues for the State Board of Dental Examiners continue from the one-time \$50 fee charged to a dental hygienist for recognition as being qualified to monitor a patient to whom nitrous oxide has been administered. The board can continue to recognize dental hygienists with existing resources.

Local Effect: None.

Small Business Effect: Minimal.

Analysis

Current Law: Chapters 271 and 272 of 2011 authorize a dental hygienist to monitor a patient to whom nitrous oxide is being administered. This authorization terminates September 30, 2014. Monitoring must be performed under the supervision of a dentist who is physically present on the premises. Prior to monitoring patients receiving nitrous oxide, a dental hygienist must complete several requirements as specified by regulations in the Code of Maryland Regulations (COMAR) 10.44.04: (1) hold an active license to practice dental hygiene in Maryland; (2) successfully complete a board-approved course

of instruction that documents at least six hours of training that include four hours of didactic training and two hours of clinical training; (3) pass a written and clinical examination administered by the board-approved course with an overall passing grade of at least 75%; (4) submit an application; and (5) pay a \$50 fee.

Background: A licensed dental hygienist has long been 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 a prophylactic purpose; take a dental X-ray; or perform any other intraoral function authorized by the State Board of Dental Examiners.

Historically, a dental hygienist in Maryland has practiced under the indirect supervision of a dentist, which means the dentist authorizes the procedure and remains in the office while it is being performed. To more efficiently serve patients and promote proper preventive oral health care, dentistry practices in Maryland have trended toward permitting hygienists to work under less restrictive supervisory requirements. For example:

- Chapters 164 and 165 of 2007 allow a dental hygienist who is authorized to practice under a licensed dentist's general supervision in a government-owned and -operated facility or public health department to apply fluoride, mouth rinse, or varnish.
- Chapter 316 of 2008 authorizes a dental hygienist who is a permanent or contractual employee of the federal government, a State or local government, or a federally qualified health center, and working in specified facilities to apply fluoride and sealants under the general supervision of a licensed dentist. Chapter 316 also expands the types of facilities in which a dental hygienist may practice under general supervision, specifies that these facilities are not required to obtain a general supervision waiver, and repeals the requirement that a dentist or physician evaluate or diagnose a patient before a dental hygienist can treat the patient in these facilities.
- Chapters 565 and 566 of 2009 expand the scope of practice for a dental hygienist by allowing a dental hygienist to perform manual curettage in conjunction with scaling and root planing, and to administer local anesthesia.
- Chapter 733 of 2010 authorizes a dental hygienist to practice in a long-term care facility under the general supervision of a dentist.
- Chapters 271 and 272 of 2011 allow a dental hygienist to monitor a patient to whom nitrous oxide is being administered.

- Chapter 220 of 2012 also allows dental hygienists to administer local anesthesia by inferior alveolar nerve block.

Most of these authorizations for dental hygienists are permanent. However, the authorization to monitor a patient to whom nitrous oxide is being administered (Chapters 271 and 272) is set to sunset on September 30, 2014. Likewise, the authorization to practice in a long-term care facility under the general supervisions of a dentist (Chapter 733) has a sunset date of June 30, 2014.

Nitrous oxide sedation is the calming of a nervous or apprehensive individual without loss of consciousness through the use of systemic, inhalation of nitrous oxide gas. According to the American Dental Hygienists' Association, as of July 2013, 30 states allow dental hygienists to *administer* nitrous oxide.

In fiscal 2014, the State Board of Dental Examiners regulated 2,881 dental hygienists.

Additional Comments: If enacted, HB 100 of 2014 would make permanent the authorization for a licensed dental hygienist to practice in a long-term care facility under the general supervision of a dentist, by repealing the termination date of Chapter 733 of 2010.

Additional Information

Prior Introductions: None.

Cross File: None.

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

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kpk/ljm

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