

Department of Legislative Services
Maryland General Assembly
2017 Session

FISCAL AND POLICY NOTE
Third Reader - Revised

Senate Bill 1013

(Senator Conway)

Education, Health, and Environmental Affairs

Health and Government Operations

**Department of Health and Mental Hygiene and Maryland Higher Education
Commission - Workgroup to Examine the Need for Dental Therapy**

This bill requires the Department of Health and Mental Hygiene (DHMH) and the Maryland Higher Education Commission (MHEC) to jointly convene a workgroup to examine the need for dental therapy in the State. The workgroup must include health care practitioners in the fields of dentistry, dental hygiene, professional counselors and therapists, and nursing, as well as representatives of the disability community, public health advocates, the Medicaid community, and institutions of higher education. The workgroup must (1) assess the need for dental therapists in the State; (2) assess existing educational opportunities, if any, for the study of dental therapy in the State; and (3) determine the feasibility of expanding educational opportunities for the study of dental therapy in the State. The workgroup must submit a report to the Senate Education, Health, and Environmental Affairs and the House Health and Government Operations committees with its findings and recommendations by December 1, 2017.

The bill takes effect July 1, 2017.

Fiscal Summary

State Effect: MHEC and DHMH can likely handle the bill's requirements with existing resources, as discussed below. Revenues are not affected.

Local Effect: None.

Small Business Effect: None.

Analysis

Current Law: Under the Health Occupations Article, individuals must obtain a license from the State Board of Dental Examiners in order to practice dentistry or dental hygiene. State law does not specify licensure requirements for the practice of dental therapy.

Background: According to The Pew Charitable Trusts, dental therapists are midlevel providers, similar to physician assistants, who deliver preventive and routine restorative care, such as fillings, temporary crowns, and extractions of badly diseased or loose teeth. The Pew Charitable Trusts reports that, as of January 2017, three states (Maine, Minnesota, and Vermont) allow dentists to hire dental therapists. Eleven states are currently considering whether to authorize dental therapy: Arizona, Hawaii, Kansas, New Hampshire, New Mexico, North Dakota, Massachusetts, Michigan, Ohio, Rhode Island, and Texas. Washington and Oregon authorize dental therapists in tribal areas and are currently considering whether to expand authorization statewide. Alaskan native tribes have also authorized dental therapy. As of March 1, 2017, there were 73 licensed dental therapists in Minnesota (compared with 5,643 licensed dental hygienists).

State Expenditures: MHEC advises that it can handle the bill's requirements with existing resources. Although DHMH's Prevention and Health Promotion Administration (PHPA) advises that it must hire one part-time (25%) employee to convene and staff the workgroup, the Department of Legislative Services advises that, as MHEC and PHPA share workgroup responsibilities, PHPA can likely handle these duties with existing resources. Staff may need to be temporarily diverted from other tasks in order to coordinate the workgroup, conduct the required assessments, and meet the bill's December 1, 2017 reporting requirement.

Additional Information

Prior Introductions: None.

Cross File: HB 1214 (Delegate Cullison, *et al.*) - Health and Government Operations.

Information Source(s): Minnesota Board of Dentistry; Department of Health and Mental Hygiene; The Pew Charitable Trusts; Department of Legislative Services

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