HB0879/576187/1

BY: Health and Government Operations Committee

AMENDMENTS TO HOUSE BILL 879
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, strike line 2 in its entirety and substitute "Task Force on Oral Health in Maryland".

On pages 1 and 2, strike beginning with "requiring" in line 3 on page 1 down through "Examiners" in line 29 on page 2 and substitute "establishing the Task Force on Oral Health in Maryland; providing for the composition, chair, and staffing of the Task Force; prohibiting a member of the Task Force from receiving certain compensation, but authorizing the reimbursement of certain expenses; requiring the Task Force to study and make recommendations regarding certain matters; requiring the Task Force to report its findings to the Governor and certain committees of the General Assembly on or before a certain date; providing for the termination of this Act; and generally relating to the Task Force on Oral Health in Maryland".

On page 2, strike in their entirety lines 30 through 35, inclusive.

AMENDMENT NO. 2

On page 2, in line 37, strike "the Laws of Maryland read as follows"; and after line 37, insert:

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

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

(1) the Deputy Secretary for Health Care Financing, or the Deputy Secretary's designee;

(Over)

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

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

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

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

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

(i) Maryland State Dental Association;

(ii) Maryland Dental Society;

(iii) Maryland Dental Hygienists' Association;

(iv) Advocates for Children and Youth;

(v) Maryland Developmental Disabilities Council;

(vi) Maryland Alliance for the Poor;

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

(viii) State Board of Dental Examiners; and

(ix) Maryland Dental Action Coalition; and

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

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

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

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

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

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

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

(e) A member of the Task Force:

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

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

(f) The Task Force shall:

(1) analyze the current access to dental services for all residents of the State with a focus on residents affected by poverty, disabilities, or aging;

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

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

(i) the impact of low oral health literacy;

(ii) the lack of understanding of oral health and its relationship to overall health;

(iii) the cost or the existence of limited resources;

(iv) the young age of parents of pediatric Medicaid–eligible children;

(v) the location of dental offices, focusing on a lack of transportation;

(vi) language and cultural barriers;

(vii) the lack of Medicaid dental coverage or dental insurance;

(viii) inconvenient office hours; and

(ix) factors that relate to anxiety and lack of understanding of the need for dental services;

(4) analyze the specific impact of each barrier identified under item (3) of this subsection;

(5) assess options to eliminate the barriers identified under item (3) of this subsection, including:

(i) methods to educate physicians of the need to refer their patients for dental care;

(ii) methods to facilitate children beginning to receive dental care by age 1;

(iii) methods to facilitate the delivery of dental care to patients who are elderly, especially those in assisted living and nursing homes;

(iv) methods to begin reestablishing dental Medicaid for adults, including making a cost benefit analysis;

(v) evaluating the benefits of mid-level providers, including a dental therapist, and the cost and efficacy of establishing an education program for dental therapy that meets Commission on Dental Accreditation standards;

(vi) in assessing the potential role for a dental therapist:

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

2. performing an examination of the experience in Minnesota, including the number of dental therapists licensed, the number currently

enrolled in programs, the cost of the dental therapy education, and the extent to which dental therapists are providing services in clinics and private practice serving low-income patients; and

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

(vii) the impact of reinstating hospital–based dental residency programs;

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

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

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

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

(g) (1) On or before May 1, 2019, the Task Force shall submit an interim report of its findings and recommendations to the Governor and, in accordance with § 2-1246 of the State Government Article, the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee.

(2) On or before December 1, 2019, the Task Force shall submit a final report of its findings and recommendations to the Governor and, in accordance with § 2–1246 of the State Government Article, the Senate Education, Health, and

Environmental Affairs Committee and the House Health and Government Operations Committee.".

On pages 2 through 16, strike in their entirety the lines beginning with line 38 on page 2 through line 23 on page 16, inclusive.

On page 16, in line 24, strike "4." and substitute "2."; in line 25, strike "October" and substitute "July"; and in the same line, after "2018." insert "It shall remain effective for a period of 2 years and, at the end of June 30, 2020, this Act, with no further action required by the General Assembly, shall be abrogated and of no further force and effect.".