

Department of Legislative Services  
Maryland General Assembly  
2020 Session

FISCAL AND POLICY NOTE  
First Reader

House Bill 15  
Ways and Means

(Delegate Harrison)

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Public Schools - Student Health - Certificate of Dental Health

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This bill requires, beginning in the 2022-2023 school year, each student enrolled in a public elementary or secondary school to submit a certificate of dental health on a schedule established by the Maryland State Department of Education (MSDE). MSDE, in consultation with the Maryland Department of Health (MDH), must adopt specified regulations related to standards and schedules. MSDE must also develop a standard form for a certificate of dental health and disseminate it to local boards of education and parents and guardians of students.

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Fiscal Summary

**State Effect:** As described below, the fiscal impact depends on the regulations developed by MSDE and MDH. If additional students use Medicaid and Maryland Children’s Health Program (MCHP) dental services, MDH expenditures increase (50% general funds, 50% federal funds for Medicaid; 65% federal funds, 35% general funds for MCHP) beginning in FY 2023. Federal fund revenues increase accordingly. MSDE, in consultation with MDH, can adopt regulations and disseminate the standardized form using existing resources.

**Local Effect:** To the extent that additional students use public dental services operated by local governments, local expenditures increase, potentially significantly beginning in FY 2023. Local school systems can collect dental forms using existing resources. Revenues are not affected. **This bill may impose a mandate on a unit of local government.**

**Small Business Effect:** Minimal.

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## Analysis

**Current Law:** In general, for a child to enter a Maryland public school for the first time, the following are required:

- a physical examination by a physician or certified nurse practitioner completed within nine months prior to entering the public school system or within six months after entering the system, as specified;
- evidence of specified immunizations; and
- evidence of blood-lead testing for all students who reside in a designated at-risk area when first entering prekindergarten, kindergarten, or 1st grade.

According to Maryland regulations, an effort should be made to facilitate students and their families obtaining a physical examination. However, if a student is unable to obtain a physical examination, the student may not be excluded from school.

Exemptions from a physical examination and immunizations are permitted if they are contrary to a student's or the family's religious beliefs. Students may also be exempted from immunization requirements if a physician or nurse practitioner or health department official certifies that there is a medical reason not to receive a vaccine.

Exemption from blood-lead testing is permitted if it is contrary to a family's religious beliefs and practices. The blood-lead certificate must be signed by a health care practitioner stating a questionnaire was done.

In addition, a local board of education or local health department must provide hearing and vision screenings for all students in public schools. The local health department must provide and fund hearing and vision screenings for all students in any private school that has received a certificate of approval under the Education Article as well as for students in any nonpublic educational facility approved as a special education facility by MSDE. Unless evidence is presented that a student has been tested within the past year, these hearing and vision screenings must be given in the years that a student enters a school system, enters the 1st grade, and enters the 8th or 9th grade. Additional screenings may be required under the policies adopted by the local board of education or local health department. Students may be exempt from these hearing and vision screenings if their parent or guardian objects in writing on the grounds that the screening conflicts with the tenets and practice of a recognized church or religious denomination of which the parent or guardian is a member.

**Background:** Dental health is essential not only for healthy teeth and gums but also for general health. According to the Mayo Clinic, studies suggest that oral bacteria and the

inflammation associated with a severe form of gum disease might play a role in some diseases, including endocarditis, cardiovascular disease, and pneumonia.

Dental visits are a way to assess, prevent, and correct dental health problems. The American Dental Association recommends regular dental visits, at intervals determined by a dentist. According to the National Center for Health Statistics within the U.S. Centers for Disease Control and Prevention, nationwide 84.9% of children ages 2 to 17 had a dental visit in the past year. According to MDH, of the approximately 464,600 Medicaid enrollees in the State ages 4 to 20, 68.1% had at least one dental service in 2017. Younger children enrolled in Medicaid were more likely to visit the dentist than older children. Of Medicaid enrollees who received dental services, 66.5% received a diagnostic service, 62.9% a preventive service, and only 23.2% a restorative service.

### *Other States*

Dental health laws regarding public school students are not standardized; thus, dental health requirements vary widely for students. Fifteen states and the District of Columbia require a certificate of dental screening or dental health prior to at least some ages or grades of students entering public school. Some of these states allow for an exemption at the request of a parent or guardian (*e.g.*, New Mexico and Rhode Island). In addition, some states (*e.g.*, Arizona and Kansas) provide some or all students with a dental screening by a school-system-provided dentist.

### *Dental Coverage*

In the United States, dental care services are paid for in a variety of ways, depending on income, assets, age, employment status, and immigration status. Children's dental services may be paid for using federal, State, local, and private funds.

Some children's families have dental insurance through employer-provided insurance programs (although dental insurance is not a required benefit). The federal Patient Protection and Affordable Care Act requires the federal and state-run health insurance exchanges to offer coverage for dental care services for children. Some families choose to buy dental services directly from a dentist without insurance.

Based on family income, children in Maryland may qualify for Medicaid (federal and State funds) or the Maryland Children's Health Program (MCHP, federal, and State funds). Both Medicaid and MCHP cover dental care. Local health departments may provide dental care to children not eligible for Medicaid or MCHP due to their immigration status. MDH funds several programs throughout the State that provide dental care to children in clinics and schools.

## *Maryland Health and Dental Services*

According to MDH, more than 30% of students do not submit the currently required physical exam form for various reasons.

**State Fiscal Effect:** The number and type of additional dental visits made by students enrolled in Medicaid and MCHP under the bill are largely dependent on the regulations developed by MSDE and MDH. Thus, the fiscal impact of the bill is largely dependent on these regulations and cannot be reliably quantified at this time but may be significant. What constitutes “dental health” for purposes of the required certificate and the frequency with which a student will need to obtain a certificate will have the greatest impact on expenditures (and related revenues).

To the extent the bill results in increased utilization of Medicaid and MCHP dental services, MDH expenditures (50% general funds, 50% federal funds for Medicaid; 65% federal funds, 35% general funds for MCHP, both offset by corresponding federal revenues) increase beginning in fiscal 2023.

*For illustrative purposes only*, if a student is required to obtain a certificate of dental health as often as every year, approximately 113,300 additional Medicaid-enrolled students may need at least one dental visit annually (of approximately 896,800 public school students). If a student is required to obtain a certificate of dental health only upon school enrollment, approximately 8,700 additional Medicaid-enrolled students may need at least one dental visit annually (of approximately 63,800 public kindergarten students). However, the fiscal impact depends on the extent to which Medicaid-enrolled students already receive sufficient services to qualify for a certificate of dental health, the number of additional students who receive dental services because of the bill, and the cost of the services provided. If the nonparticipation rate is similar to that for the physical exam requirement (30%) and “dental health” is broadly defined to mean having had a dental visit, the fiscal impact may be minimal because annual dental visits already occur for 68.1% of Medicaid-enrolled students. These illustrative examples do not account for additional visits by non-Medicaid-enrolled students, including students enrolled in MCHP.

**Local Expenditures:** To the extent that additional students visit public dental services operated by local governments, local expenditures increase potentially significantly. Montgomery County advises that it has a rapidly growing population of children who are not eligible for MCHP due to their immigration status. These children are seen through the Care for Kids program, a county safety net health program. All children enrolled in the program are eligible to receive county dental services. The county estimates that approximately 7,000 children will be examined in fiscal 2020, a 27% increase over last fiscal year. Due to the increase in children eligible for the program, there is a waitlist for services. Additional staff may be required to reduce the waitlist. Other counties did not

report this expense, but it is assumed that children without access to dental care through other means will need to be examined by dental programs funded by local governments.

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### **Additional Information**

**Prior Introductions:** None.

**Designated Cross File:** None.

**Information Source(s):** Maryland State Department of Education; Maryland Department of Health; Baltimore City Public Schools; Baltimore County Public Schools; Anne Arundel County Public Schools; Montgomery County Public Schools; Wicomico County Public Schools; American Dental Association; Mayo Clinic; U.S. Centers for Disease Control and Prevention; Healthcare.gov; *Guardian Direct*; Department of Legislative Services

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