SENATE BILL 100

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(PRE–FILED) CF HB 368

By: ~~**Senator Kelley**~~ **Senators Kelley, Augustine, Beidle, Benson, Feldman, Hayes, Hershey, Jennings, Klausmeier, Kramer, and Ready**
Requested: October 19, 2020
Introduced and read first time: January 13, 2021
Assigned to: Finance

Committee Report: Favorable with amendments
Senate action: Adopted
Read second time: February 10, 2021

CHAPTER _____

AN ACT concerning

Task Force on Oral Health in Maryland

FOR the purpose of 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 submit interim and final reports to the Governor and certain committees of the General Assembly on or before certain dates; providing for the termination of this Act; and generally relating to the Task Force on Oral Health in Maryland.

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That:

(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~~ Public Health Services, or the Deputy Secretary's designee;

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

EXPLANATION: **CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.**
[Brackets**]** indicate matter deleted from existing law.
Underlining indicates amendments to bill.
~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.

(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 from each of the following organizations, selected by the organization:

(i) the Maryland State Dental Association;

(ii) the Maryland Dental Society;

(iii) the Maryland Dental Hygienists' Association;

(iv) the Advocates for Children and Youth;

(v) the Maryland Developmental Disabilities Council;

(vi) the Maryland Alliance for the Poor;

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

(viii) the State Board of Dental Examiners;

(ix) the Maryland MCO Association; and

(x) the 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;

(iv) one representative of a dental plan organization; and

(v) 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~~ Public Health Services, 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~~ socioeconomic status, race, ethnicity, age, and disability of residents as factors impacting access to dental services;

(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 implicit bias and the socioeconomic status, race, and ethnicity of residents of the State;

~~(i)~~ (ii) the impact of low oral health literacy;

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

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

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

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

~~(vi)~~ (vii) language and cultural barriers;

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

~~(viii)~~ (ix) inconvenient office hours; and

~~(ix)~~ (x) 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 1 year of age;

(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 community dental health coordinators, 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, 2022, the Task Force shall submit an interim report of its findings and recommendations to the Governor and, in accordance with § 2–1257 of the State Government Article, the Senate Education, Health, and Environmental Affairs Committee, the Senate Finance Committee, and the House Health and Government Operations Committee.

(2) On or before December 1, 2022, the Task Force shall submit a final report of its findings and recommendations to the Governor and, in accordance with § 2–1257 of the State Government Article, the Senate Education, Health, and Environmental Affairs Committee, the Senate Finance Committee, and the House Health and Government Operations Committee.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2021. It shall remain effective for a period of 2 years and, at the end of June 30, 2023, this Act, with no further action required by the General Assembly, shall be abrogated and of no further force and effect.

Approved:

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Governor.

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President of the Senate.

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Speaker of the House of Delegates.