

Department of Legislative Services  
Maryland General Assembly  
2025 Session

FISCAL AND POLICY NOTE  
Third Reader - Revised

House Bill 1143

(Delegate Bagnall, *et al.*)

Health and Government Operations

Finance

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Maryland Collaborative to Improve Children's Oral Health Through School-  
Based Programs - Establishment

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This bill establishes a Maryland Collaborative to Improve Children's Oral Health Through School-Based Programs to be staffed by the Maryland Department of Health (MDH). Members of the collaborative may not receive compensation but are entitled to reimbursement for expenses. The collaborative must submit to the Governor and the General Assembly (1) an interim report of its findings and recommendations by December 1, 2025, and (2) a final report by October 1, 2026. **The bill takes effect July 1, 2025, and terminates June 30, 2027.**

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Fiscal Summary

**State Effect:** MDH general fund expenditures increase by \$38,000 in FY 2026 and \$16,700 in FY 2027 to staff the collaborative and develop the required report. Travel and expense reimbursement for the collaborative is assumed to be minimal and absorbable with existing resources. Revenues are not affected.

(in dollars)	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	38,000	16,700	0	0	0
Net Effect	(\$38,000)	(\$16,700)	\$0	\$0	\$0

Note: () = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease

**Local Effect:** None.

**Small Business Effect:** None.

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## Analysis

**Bill Summary:** The collaborative must study and make recommendations to improve the oral health of children in the State through school-based programs by analyzing the impact of (1) supporting schools and community dental partners in linking families and children to permanent dental facilities; (2) increasing the number of dental hygienists providing school-based services through policy initiatives; (3) authorizing school nurses to provide fluoride varnishes among other clinically appropriate services by modifying school health guidelines and providing reimbursement through Medicaid; (4) expanding the capacity of school-based health centers (SBHCs) to provide dental services; (5) clarifying the law governing the practice of dental hygienists in school settings to reduce confusion among practitioners and school-based programs; and (6) other innovative models for providing dental services to children in schools.

The collaborative may consult with any other individual or organization with expertise in school-based dental programs.

**Current Law:** Under the Health Occupations Article, an individual must obtain a license from the State Board of Dental Examiners (BDE) to practice dentistry or dental hygiene. BDE is mandated to protect the public by regulating the practice of dentistry and dental hygiene in Maryland. BDE issues licenses, adopts standards of practice, investigates complaints based on alleged violations of regulations and statutes, and disciplines licensees.

### *Dental Hygiene*

To qualify for a license to practice dental hygiene, an individual must be of good moral character, pass a specified examination given by BDE, and graduate from a school for dental hygienists that (1) requires at least two years of education in an institution of higher education; (2) is accredited by the American Dental Association Commission on Dental Accreditation; and (3) is approved by BDE.

In general, a dental hygienist is licensed to practice dental hygiene (1) under the supervision of a licensed dentist who is on the premises and available for personal consultation while the services are being performed or not on the premises under specified circumstances and (2) only in a dental office or clinic, hospital, school, charitable institution, or certified health maintenance organization.

A licensed dental hygienist is 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 board. A dental hygienist who complies with specified requirements may prescribe (1) topical and systemic types of prescription or over-the-counter fluoride preparations; (2) topical antimicrobial oral rinses; and (3) ibuprofen not exceeding 600 mg every six hours for up to three days after nonsurgical periodontal therapy.

### *School-based Health Centers*

SBHCs are health centers located in a school or on a school campus that provide on-site comprehensive preventive and primary health services. Services may also include behavioral health, oral health, ancillary, and supportive services. Chapters 605 and 606 of 2021 require the Governor to transfer administration of SBHC grants and any related functions from the Maryland State Department of Education to the Bureau of Maternal and Child Health within MDH by July 1, 2022. According to MDH's [fiscal 2023 School-based Health Centers Report](#), for the 2022-2023 school year, there were 96 SBHCs operating across 17 local jurisdictions.

**State Expenditures:** General fund expenditures increase by \$38,019 in fiscal 2026, which accounts for a 90-day start-up delay from the bill's July 1, 2025 effective date.

MDH has determined that the equivalent of two regular full-time health policy analysts are needed to implement the bill as existing resources are insufficient to staff the collaborative, conduct any needed research, and complete the required report. However, the Department of Legislative Services (DLS) advises that the added responsibilities incurred by this legislation are not permanent and, thus, may be performed by contractual employees. DLS further advises that, given the large membership of the collaborative, the two-year timeframe to generate a report of findings and recommendations, and existing budgeted resources at MDH, one part-time (50%) contractual position is likely sufficient to staff the collaborative and generate a report.

Thus, this estimate reflects the cost of hiring one part-time (50%) health policy analyst to manage the collaborative and assist in the generation of a final report. It includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses.

Contractual Position	0.5
Salary and Fringe Benefits	\$31,064
Operating Expenses	<u>6,955</u>
<b>Total FY 2026 State Expenditures</b>	<b>\$38,019</b>

The contractual position terminates December 31, 2026, three months after the deadline for the collaborative's final report, to wind down the collaborative as necessary.

This estimate does not include any health insurance costs that could be incurred for specified contractual employees under the State's implementation of the federal Patient Protection and Affordable Care Act.

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### **Additional Information**

**Recent Prior Introductions:** Similar legislation has not been introduced within the last three years.

**Designated Cross File:** SB 988 (Senator Lam) - Finance.

**Information Source(s):** Maryland Association of County Health Officers; Maryland State Department of Education; Maryland Department of Health; Baltimore City Public Schools; Montgomery County Public Schools; Department of Legislative Services

**Fiscal Note History:** First Reader - March 4, 2025  
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