

Department of Legislative Services
 Maryland General Assembly
 2025 Session

FISCAL AND POLICY NOTE
First Reader

House Bill 849 (Delegates Lopez and Kaufman)
 Health and Government Operations

Maryland Commission to Study the Dental Hygienist Shortage - Establishment

This bill establishes the Maryland Commission to Study the Dental Hygienist Shortage to support the State’s efforts to improve the oral health of Marylanders by ensuring the stability and sustainability of State’s dental hygiene workforce. The Maryland Department of Health (MDH) must staff the commission. Members of the commission may not receive compensation but are entitled to reimbursement for expenses under standard State travel regulations. The commission must submit (1) by December 1, 2025, an interim report and (2) by December 1, 2026, a final report to MDH, the Maryland Higher Education Commission, and the General Assembly. **The bill takes effect July 1, 2025, and terminates June 30, 2027.**

Fiscal Summary

State Effect: MDH general fund expenditures increase by \$109,500 in FY 2026 and by \$61,800 in FY 2027 for contractual staff to support the commission and consultant services to collect data to complete the required study, as discussed below. Expense reimbursements for commission members are assumed to be minimal and absorbable within existing budgeted 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	109,500	61,800	0	0	0
Net Effect	(\$109,500)	(\$61,800)	\$0	\$0	\$0

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

Local Effect: The bill does not materially affect local governmental operations or finances.

Small Business Effect: None.

Analysis

Bill Summary: The commission must assess the dental hygienist shortage in the State and the impact of the shortage of oral health in rural, suburban, and urban communities and study and make recommendations regarding methods to:

- improve the recruitment and retention of dental hygienists in private practice, community health centers, and public health settings at the statewide level;
- develop region-specific recruitment and retention strategies for dental hygienists in rural, suburban, and urban areas of the State;
- expand dental hygiene education opportunities at institutions of higher education;
- increase retention of dental hygiene students through educational support and wraparound services; and
- support dental assistants and community health workers in accessing dental hygiene educational opportunities.

The commission comprises (1) the Secretary of Health (or designee); (2) the Secretary of Higher Education (or designee); (3) one representative of the University of Maryland School of Dental Hygiene; (4) one representative of the Blueprint for Maryland's Future Accountability and Implementation Board; (5) one representative of the Maryland Commission for Women; (6) two representatives of the Maryland Association of Community Colleges; (7) one representative of the Maryland Dental Hygienists' Association; (8) one representative of the Maryland Dental Action Coalition; (9) one representative of the Maryland Rural Health Association; (10) one representative of the Maryland State Dental Association; (11) one representative of the Jon C. Burr Foundation; (12) one representative of the Job Opportunities Task Force; and (13) six specified representatives appointed by the Secretary of Health.

The commission may consult with individuals and organizations with expertise in oral health who are represented on the commission.

Current Law: An individual must obtain a license from the State Board of Dental Examiners (BDE) to practice dental hygiene in the State. 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.

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

Maryland Dent-Care Program

The Maryland Dent-Care Program aims to increase access to oral health services for underserved Medicaid recipients by increasing the number of dentists and dental hygienists who treat that population. The program provides higher education loan repayment assistance to licensed dentists and dental hygienists practicing in Maryland full time who provide care to Medicaid participants (at least 30% of their patient population). To qualify for a grant, a dentist must currently be paying off outstanding student loan debt. Awards may not exceed \$10,000 per year for two years for a dental hygienist.

Oral Health Access Reporting

The Oral Health Safety Net Program provides start-up funding to expand oral health capacity for underserved low-income and disabled individuals, including individuals enrolled in Medicaid and the Maryland Children's Health Program. MDH's Office of Oral Health conducts an annual evaluation of the program and reports specified information to the Governor and the General Assembly annually.

Medicaid, in conjunction with the office, must submit an annual oral health access report that includes information on Medicaid dental utilization and expenditures and actions taken by MDH and the Office of Oral Health to increase access to dental services and overall oral health in the State. The most [recent report](#) was submitted on August 27, 2024.

Task Force on Oral Health in Maryland

The Task Force on Oral Health in Maryland was established in 2021 to:

- analyze current access to dental services in the State, with a focus on the socioeconomic status, race, ethnicity, age, and disability of residents as factors impacting access to dental services;
- identify areas of the State where a significant number of residents are not receiving oral health care services, distinguishing between pediatric and adult populations;
- identify barriers to receiving dental services in areas in need;
- analyze the specific impact of such barriers;
- assess options to eliminate such barriers, including the feasibility of establishing a program for dental therapy in the State; and
- make recommendations to increase access to dental services in the State.

The task force terminated in 2023 and published its [final report](#) on December 1, 2022.

State Expenditures: Under the bill, the commission must assess and make recommendations on the dental hygienist shortage in the State and the impact of the shortage of oral health in rural, suburban, and urban communities. The commission must submit an interim report by December 1, 2025, and a final report by December 1, 2026.

MDH advises that the department is unable to meet the bill’s requirements with existing staff. Therefore, MDH general fund expenditures increase by \$109,492 in fiscal 2026, which accounts for the bill’s July 1, 2025 effective date. This estimate reflects the cost of hiring one contractual health policy analyst to staff the commission and complete the required reports. It includes a salary, fringe benefits, one-time start-up costs, consultant services (discussed below), and ongoing operating expenses. This estimate assumes that the contractual position terminates December 31, 2026, one month following the deadline for submission of the commission’s final report.

	<u>FY 2026</u>	<u>FY 2027</u>
Position	1.0	-1.0
Salary and Fringe Benefits	\$76,847	\$36,259
Consultant Services	25,000	25,000
Operating Expenses	<u>7,645</u>	<u>558</u>
Total State Expenditures	\$109,492	\$61,817

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.

MDH advises that it does not have the expertise to collect specified data regarding dental hygienists, including region-specific data on practice site locations, as required by the bill. Thus, MDH anticipates hiring consultant services at an estimated total cost of \$25,000 in both fiscal 2026 and 2027.

MDH further advises that, given the bill's July 1, 2025 effective date, it will be a challenge for the department to meet the interim report deadline of December 1, 2025. Therefore, additional contractual staff may be required to assist with the bill's requirements or backfill existing staff responsibilities.

Additional Information

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

Designated Cross File: SB 492 (Senator McKay) - Finance.

Information Source(s): Accountability and Implementation Board; Maryland Higher Education Commission; University System of Maryland; Maryland Department of Health; Department of Legislative Services

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