



The Honorable Shane Pendergrass
Chair, House Health and Government Operations Committee
House Office Building, Room 240
6 Bladen Street
Annapolis, MD 21401

January 19, 2021

TESTIMONY IN SUPPORT OF HOUSE BILL 368 – TASK FORCE ON ORAL HEALTH IN MARYLAND

Dear Chair Pendergrass:

The Maryland Dental Hygienists Association (MDHA) is an organization seeking to improve the public's total health by advancing the art and science of dental hygiene, including ensuring access to quality oral health care, increasing awareness of the cost-effective benefits of preventative dental services, promoting the highest standards of dental hygiene education, licensure, practice and research, and representing and promoting the interests of dental hygienists in Maryland. In keeping with that mission, MDHA takes this opportunity to voice its general support for House Bill 368 and the establishment of a Task Force on Oral Health in Maryland.

HB368 will establish the Task Force on Oral Health in Maryland to examine a variety of issues impacting access to dental services in the State, with a focus on children and residents affected by poverty, disabilities, and aging. MDHA applauds the effort to closely examine, identify and address potential barriers to dental care in Maryland and looks forward to working with the other representatives on the Task Force to achieve those objectives.

In particular, MDHA is excited to work within the Task Force to evaluate the benefits of mid-level providers and assess dental therapy programs and educational opportunities in other states. MDHA believes mid-level providers are an effective workforce model that can be used in public health settings to better meet the needs of underserved populations in Maryland, as described in HB368. However, the mid-level provider model can also be used in private practice settings to provide preventative and simple restorative dental services to patients. A robust dental therapy program in Maryland can be an effective tool in providing increased access to care in both public health settings and in private practices, where a dental therapist, working as a member of a larger dental team, may free dentists up to focus on more complex patients. While MDHA generally supports the objectives of the Task Force laid out in HB368 and agrees that mid-level providers would be essential to expanding dental services to underserved populations, it is important that the language in the legislation not serve to unintentionally and preemptively limit the scope of practice of a prospective dental health practitioner to a particular population.

In addition to studying the role of mid-level providers, MDHA urges the members of the Task Force to take this opportunity to examine other ways that dental hygienists can help to address the access concerns and barriers to care laid out in HB368. Hygienists play an essential role in providing preventative dental care and oral health education in a variety of settings and are able to do so in a timely and mobile fashion. Removing barriers to hygienists providing services throughout the community and to all populations, like the inability to directly bill Medicaid for hygiene services, would allow these practitioners to play a larger role in addressing the State's dental concerns.

MDHA thanks Delegate Bagnall and the members of the Committee for their leadership on dental health matters and looks forward to working with all stakeholders to improve oral health in Maryland.