



<b>Committee:</b>	<b>House Health and Government Operations Committee</b>
<b>Bill:</b>	<b>House Bill 219 - Dental Hygienists - Consultation Requirements - Health Care Practitioners</b>
<b>Hearing Date:</b>	<b>February 1, 2022</b>
<b>Position:</b>	<b>Support</b>

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The Maryland Affiliate of the American College of Nurse Midwives supports *House Bill 219 – Dental Hygienists – Consulting Requirements – Health Care Practitioners*. The bill extends Maryland’s law to allow dental hygienists to work in the offices of a nurse-midwife, certified midwife, or nurse practitioner. Dental hygienists are already allowed to work in physician offices where primary care or pre-natal care is provided. The dental hygienist is still under the supervision of a dentist, while physically located in a primary care or prenatal care providers’ office.

Individuals face many barriers in obtaining dental services while pregnant and during the postpartum period. This bill reduces those barriers. Patients can see their prenatal or postpartum provider and receive basic preventative dental services from the dental hygienist in the same visit. The dental hygienist can work with the patient to see the dentist for follow-up and establish a dental home on a permanent basis.

### **Pregnancy Dental Needs**

Dental care is an essential but sometimes under-emphasized part of pregnancy care. **According to the American College of Obstetricians and Gynecologists (ACOG), 40% of women experience some form of periodontal disease during pregnancy.**<sup>i</sup> During pregnancy, the risk of dental issues is even higher among Black individuals or people insured through public programs.<sup>ii</sup> The need for close working relationships between obstetric and dental providers during pregnancy has long been known, as discussed in the National Consensus Statement on Oral health Care during Pregnancy, to which ACNM was a party.<sup>iii</sup>

Because of the physiological changes occurring during pregnancy, pregnant individuals are at increased risk for a variety of dental health issues, including:

- Pyogenic granuloma (also called "pregnancy tumors") may result from a heightened inflammatory response during pregnancy affecting approximately 5% of pregnant women
- Dental caries (i.e., "cavities") may increase due to increased mouth acidity associated with morning sickness or gastric reflux
- Tooth erosion, can also be caused by vomiting from morning sickness and gastric reflux
- Gingivitis risk can be higher due to increased inflammatory response causing gums to swell and bleed more easily and may increase the risk of gum disease

### HB 219/SB 306 Will Improve Maternal Dental Access

In 2021, Maryland took an important step to improve maternal dental care by expanding Medicaid coverage to include postpartum dental care.<sup>iv</sup> However, **Medicaid coverage is only effective if patients are connected to a provider. ACOG found that 56% of women do not see a dentist during their pregnancy<sup>v</sup>.** *We urge passage of HB 219/SB 306 to support innovative partnerships between dental providers and nurse-midwives and certified midwives. If dental hygienists are allowed to co-locate with our practices, including birthing centers, we can help ensure our patients get basic preventative dental services and provide them with a pathway to establish a permanent dental home.*

Thank you for your consideration of our testimony. If we can provide any additional information, please contact Scott Tiffin at [stiffin@policypartners.net](mailto:stiffin@policypartners.net).

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<sup>i</sup> <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2013/08/oral-health-care-during-pregnancy-and-through-the-lifespan>

<sup>ii</sup> Ibid

<sup>iii</sup> <https://www.nnoha.org/nnoha-content/uploads/2013/11/Oralhealthpregnancyconsensusmeetingsummary.pdf>

<sup>iv</sup> <https://www.mdac.us/initiatives/medicaid-postpartum-dental-coverage/medicaid-postpartum-dental-coverage.html>

<sup>v</sup> Ibid