



10015 Old Columbia Road, Suite B-215
Columbia, Maryland 21046
www.mdac.us

Committee: House Health and Government Operations Committee

Bill Number: SB 306- Dental Hygienists – Consultation Requirements – Health Care Practitioner

Hearing Date: March 22, 2022

Position: Support as Amended

The Maryland Dental Action Coalition (MDAC) supports *Senate Bill 306 – Dental Hygienists – Consultation Requirements – Health Care Practitioners* with the amendments from the Senate, which conform the bill to the House version. The bill supports the integration of maternal and oral health.

What does the bill do?

The bill title is confusing, but the underlying concept is simple. Dental hygienists can already practice in the office of a physician who provides pre-natal or primary care services. When patients come for an appointment with their physician, they can also get basic preventative dental services from a dental hygienist. The dental hygienist then facilitates getting patients to the dentist on a regular basis to establish permanent dental homes.

The Maryland General Assembly authorized this type of co-location arrangement with dental hygienists and physicians through HB 738 in 2019. The dental hygienist still works under a dentist, but the dentist may be off-site. The dental hygienist must consult with their supervising dentist or the physician if there are any questions about a patient's health.

This year's bill recognizes that this co-location arrangement should not be limited to just physician offices; nor should this arrangement be limited to just primary and pre-natal care physicians, as post-partum care is important too. The bill authorizes dental hygienists to co-locate in the practices of nurse practitioners, nurse-midwives, and certified midwives; and the bill also clarifies that this arrangement is for both pre-natal and post-partum care. The dental hygienist, their supervising dentist, and the advanced practice clinician would have to follow all the same rules already laid out in statute for when dental hygienists co-locate in physician offices.

Optimal Oral Health for All Marylanders

How does this bill support Maryland's public health goals?

This bill advances Maryland's public health goals to improve health outcomes and advance overall public health goals for underserved communities:

- **Utilizing All of Maryland Primary and Maternal Care Providers in Public Health Strategies:** The existing statute recognizes physicians as primary care and maternal health providers. However, the statute has a gap - many individuals, particularly those who live in underserved or rural areas, receive primary and maternal care from nurse practitioners, nurse-midwives, and certified midwives. The bill closes this gap by recognizing other trusted, licensed practitioners who provide primary and maternal care in private practices;
- **Managing Diabetes and Chronic Diseases:** Good oral health is essential for successfully managing diabetes and other chronic disease. One of the sentinel studies on this issue that demonstrated periodontal treatment lowered overall health care costs for the following: \$2,841 for type 2 diabetes, \$5,681 for cerebral vascular disease and \$1,040 for coronary artery disease.ⁱ
- **Improving Maternal and Children's Health Outcomes:**
 - **Aligning with existing initiatives:** Maryland has invested significant resources in improving maternal and children's health through many initiatives: expansion of postpartum coverage as well as establishment of a grant program to provide prenatal services to individuals not qualified for Medicaid. All of these programs recognize nurse practitioners and midwives as key providers of care. This year's legislation simply makes sure that they can continue to be integrated into initiatives related to oral health and maternal health;
 - **Improving maternal oral health:** Nearly 75% of women experience the early state of periodontal disease known as gingivitis. Periodontitis is associated with preterm birth and low birth weight babiesⁱⁱ;
 - **Improving children's health:** When parents have dental homes, children are more likely to receive regular dental care. In a recent study, researchers found that untreated caries dropped by 5% when the parents had access to dental care.ⁱⁱⁱ

Optimal Oral Health for All Marylanders

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

ⁱ Jeffcoat et al. Impact of periodontal therapy on general health: evidence from insurance data for five systemic conditions. Am J Prev Med. 2014 Aug;47(2):166-74. doi: 10.1016/j.amepre.2014.04.001. Epub 2014 Jun 18. PMID: 24953519.

ⁱⁱ <https://www.cdc.gov/oralhealth/publications/features/pregnancy-and-oral-health.html>

ⁱⁱⁱ The Association Between Medicaid Adult Dental Coverage And Children's Oral Health. Lipton et al. Health Affairs 2021 40:11, 1731-1739

Optimal Oral Health for All Marylanders