



Committee: Senate Education, Health, and Environmental Affairs Committee

Bill: Senate Bill 306 - Dental Hygienists - Consultation Requirements - Health Care Practitioners

Hearing Date: February 1, 2022

Position: Support

The Maryland Nurses Association (MNA) supports *Senate Bill 306 – Dental Hygienists – Consultation Requirements – Health Care Practitioners*. Under current law, dental hygienists may work in the practices of physicians who provide primary or pre-natal care. The bill authorizes this arrangement with nurse practitioners, nurse-midwives, and certified midwives. The dental hygienist must continue to work under the supervision of a dentist, who may be located off-site.

MNA strongly supports legislation that recognizes oral health is part of overall health. This legislation advances that goal by allowing dental hygienists to work in the offices of a broader range of primary and maternal care providers. A dental hygienist could provide basic preventative dental services and then facilitate patients establishing a dental home with a dentist.

Integration of somatic and oral health is an important strategy in improving health outcomes:

- **Chronic Disease Management:** There is a strong connection between oral health and chronic disease management. In particular, treatment of periodontal disease can make chronic diseases, such as diabetes and cardiovascular conditions, more manageable. After examining its medical claims, Cigna reached the conclusion that dental services lowered the cost of health services by \$1,687 for diabetes and \$2,101 for heart conditions.ⁱ
- **Connection between Oral Health of Mothers and Children:** We can improve the oral health of children by ensuring their parents have dental homes. If a child’s caregiver has poor oral health, the child is a greater risk for dental disease.ⁱⁱ Children with early childhood caries, are at a higher risk of developing lesions on both baby and adult teeth. Infants are 32 times more at risk for early childhood caries if they are from low-income families, have a diet high in sugar, and have mothers with low-income levelsⁱⁱⁱ.

We ask for a favorable report on this legislation, as it offers an important strategy for somatic and dental care providers to collaborate on improving the overall health of their patients. If we can provide additional information, please contact Scott Tiffin at stiffin@policypartners.net.

ⁱ <https://www.cigna.com/assets/docs/business/large-employers/dental-white-paper.pdf>

ⁱⁱ Smith RE, Badner VN, Morse DE, Freeman K (2002). Maternal risk indicators for childhood cariers in an innter city population. Community Dental Oral Epidemiology 30:176-181.

ⁱⁱⁱ American Academy of Pediatric Dentistry, Council on Clinical Affairs. Perinatal and Infant Oral Health Care. 2016.