



Board of Dental Examiners

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

Arpana S. Verma Board Chair – Francis X. McLaughlin, Jr., Executive Director

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February 1, 2022

The Honorable Shane E. Pendergrass
Chair, Health and Government Operations Committee
Room 241, House Office Building
Annapolis, Maryland 21401-1991

Re: HB 219 - Dental Hygienists - Consultation Requirements - Health Care Practitioners - Letter of Concern

Dear Chair Pendergrass and Committee Members:

The Maryland State Board of Dental Examiners (the Board) is submitting this letter of concern for House Bill (HB) 219 - Dental Hygienists - Consultation Requirements - Health Care Practitioners. Under the existing law, a dental hygienist who provides dental hygiene services in a facility such as a nursing home, an assisted living program, or group home, is required to consult with either the supervising dentist, the patient's dentist, or a treating physician before proceeding with treatment if there is a change in the patient's medical history. Under HB 219, in addition to those individuals, the dental hygienist would be permitted to consult with either a registered nurse practitioner, a certified nurse midwife, or a licensed certified midwife before proceeding with treatment if there is a change in the patient's medical history. Also under the bill, dental hygienists would be permitted to provide dental hygiene services in the office of a physician, registered nurse practitioner, certified nurse midwife, or licensed certified midwife who provides prenatal, postpartum, or primary care in which the supervising dentist and dental hygienist communicate with the physician, certified registered nurse practitioner, certified nurse midwife, or licensed certified midwife in providing dental hygiene services to a patient.

HB 219 raises concerns regarding the additional individuals with whom the dental hygienist is allowed to consult with in the event there is a change in the patient's medical history. A change in a patient's medical history may take a number of forms some of which entail a complex diagnosis and subsequent treatment. For example, if a patient complains of chest pain, shortness of breath, fatigue, headaches, or change in eating habits, it may be a sign of more serious diseases which could lead to heart attack, stroke, cancer, or death. If a patient presents with those complaints, it would be prudent to seek the services of a physician who would either treat the ailment or refer the patient to the appropriate medical specialist. Doing otherwise could lead to untoward complications.

The Board also harbors concerns regarding a supervising dentist's potential liability if a dental hygienist consults with the patient's registered nurse practitioner, certified nurse midwife, or licensed certified midwife in the event of a change in the patient's medical history. All dental hygienists, regardless of the facility or office in which they provide dental hygiene services, must

work under the supervision of a licensed dentist. A dental hygienist's treatment orders are derived from a dentist who is ultimately responsible for treatment outcomes. Should a dental hygienist consult with an individual who is not the treating dentist and there is an unfavorable outcome, the dentist may be held liable for civil damages in the event of injury.

For these reasons, the Dental Board respectfully requests that HB 219 receive an unfavorable report.

I hope that this information is helpful. If you would like to discuss this further, please contact me at 240-498-8159, asverma93@gmail.com, or Dr. Edwin Morris, the Board's Legislative Committee Chair at 410-218-4203. In addition, the Board's Executive Director, Mr. Frank McLaughlin may be reached at 443-878-5253, frank.mclaughlin@maryland.gov.

Sincerely,

A handwritten signature in black ink, appearing to read 'Arpana S. Verma', with a long horizontal flourish extending to the right.

Arpana S. Verma, D.D.S.
Board President

The opinion of the Maryland State Board of Dental Examiners expressed in this letter of concern does not necessarily reflect that of the Department of Health or the administration.