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SB 306 - Dental Hygienists - Consultation Requirements - Health Care Practitioners

Background:

- Physiological changes that occur during pregnancy put pregnant women at increased risk of dental health problems.
- Our current law allows dental hygienists to operate in a physician's office under the supervision of a dentist.
- Maternal dental health is linked to child dental health.
- Low-income women are less likely to utilize or have access to regular dental care during pregnancy.
- Over half of all pregnant women do not see a dentist during pregnancy, according to the American College of Obstetricians and Gynecologists.
- The House crossfire, HB 219, passed favorably with amendments 134-0.
- Amendments were introduced that conform the bill to HB 219.

Why SB 306 Is Needed:

- 40% of women experience periodontal disease during pregnancy. ¹
- 15% of pregnant women with a dentist don't see them during pregnancy, according to MDH
- Poor dental health among mothers has been shown to increase the risk of cavities and other dental issues among their children.
- Not all women receive prenatal care at a physician's office
- Women who see non-physician providers such as midwives and nurse practitioners for prenatal care do not have access to dental hygienists in those offices.
- Good oral hygiene during pregnancy is associated with better oral hygiene and oral health outcomes after pregnancy for both the mother and the child.

¹ [American College of Obstetricians and Gynecologists](#) (2019)

- Partnerships between dental hygienists and pregnancy care providers can help facilitate a permanent patient relationship with a dentist.

What SB 306 Accomplishes:

- Permits dental hygienists to operate and perform basic preventive care in the offices of certain pregnancy care providers, such as nurse practitioners, certified nurse midwives, and certified midwives under the supervision of a dentist.
- Builds upon legislation passed unanimously by the Senate in 2019 that authorized dental hygienists to provide preventative services in settings including physician's offices, nursing homes, assisted living programs, and group homes.
- Ensures that pregnant women have access to dental care regardless of who they choose as their pregnancy care provider
- Facilitates increased collaboration between oral and prenatal healthcare providers.
- Expands access to dental care, especially for low-income women who are at greater risk of oral health issues.
- Aligns Maryland's practices with the recommendations of the MDH and the National Maternal & Child Oral Health Resource Center.
- Connects pregnant women to community dentists that could be utilized after pregnancy by both pregnant women and their children.