

2025 MCHS SB 988 Senate Side.pdf

Uploaded by: Jennifer Navabi

Position: FAV



Maryland Community Health System

Committee:	Senate Finance Committee
Bill Number:	Senate Bill 988 – Dental Services – Dental Hygienists in Schools and School-Based Health Centers and the Maryland Collaborative to Improve Children’s Oral Health Through School-Based Programs
Hearing Date:	February 25, 2025
Position:	Support

The Maryland Community Health System strongly supports *Senate Bill - Dental Services – Dental Hygienists in Schools and School-Based Health Centers and the Maryland Collaborative to Improve Children’s Oral Health Through School-Based Programs*. The bill will improve access to children’s dental health services through a collaborative on school-based programs.

Maryland Community Health System is a network of federally qualified health centers that provide primary, behavioral health, and dental services to underserved communities across Maryland. We are concerned that children’s access to dental services in Maryland is declining:

- In 2016, the percentage of children accessing preventative dental services through Medicaid was 64%. We have yet to recover from the impact of the pandemic. In 2023, only 56% of children in Medicaid received dental servicesⁱ; and
- In 2022-2023, 51% of Maryland’s school children needed sealants, with Black children at the highest prevalence of need at 60% and the Western region of the State with the highest sealant need at 72%.ⁱⁱ

We need to develop a public health strategy to ensure all Maryland children have access to dental services. This legislation offers a path forward through school-based dental programs. We ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

ⁱ <https://health.maryland.gov/mmcp/Documents/JCRs/2020/dentalJCRfinal11-20.pdf>

<https://health.maryland.gov/phpa/oralhealth/Documents/2024AnnualOralHealthJCR.pdf>

ⁱⁱ <https://health.maryland.gov/phpa/oralhealth/Documents/SchoolSurveySummary2023.pdf>

SB 988- LWVMD- FAV- Maryland Collaborative to Impr

Uploaded by: Nora Miller Smith

Position: FAV



TESTIMONY TO THE SENATE FINANCE COMMITTEE

SB 988: Dental Services- Dental Hygienists in Schools and School-Based Health Centers and the Maryland Collaborative to Improve Children's Oral Health Through School-Based Programs

POSITION: Support

BY: Linda Kohn, President

DATE: February 25, 2025

The League of Women Voters believes that every Maryland resident should have access to affordable, equitable, quality health care, including dental care. The League supports community and government programs that promote the well-being and ensure the safety of all children.

Untreated oral disease can lead to systemic infections, which can have serious and even fatal consequences. This was sadly shown by the tragic death of Deamonte Driver: a twelve-year old Maryland boy who in 2007 died due to an untreated tooth abscess after the infection spread to his brain. **Senate Bill 988 hopes to address the serious dental health problems that continue to affect Maryland children by establishing a collaborative task force to study and make recommendations how to improve access to dental services through school-based dental programs.**

While dental care is free for children enrolled in Medicaid and MCHP (Maryland Children's Health Plan), not all Maryland children receive that care in a timely manner. **Screenings and treatment can be delayed or denied due to problems navigating the health care system. Families can face language barriers, administrative complexities, transportation issues, and ongoing difficulties finding providers who accept Medicaid.**

School or school-based dental programs, staffed in part by dental hygienists, can provide improved access to preventive and screening services, often in a comfortable and familiar setting. Further dental care, if needed, would be arranged by the program's staff, thus circumventing many of the administrative barriers which in the past could have limited access to that care.

The League of Women Voters Maryland urges a favorable report on Senate Bill 988.

2025 MASBHC SB 988 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Finance Committee

Bill Number: Senate Bill 988 – Dental Hygienists in Schools and School-Based Health Centers and the Maryland Collaborative to Improve Children’s Oral Health Through School-Based Health Programs

Hearing Date: February 25, 2025

Position: Support

The Maryland Assembly of School-Based Healthcare (MASBHC) strongly supports *Senate Bill 988 - Dental Hygienists in Schools and School-Based Health Centers and the Maryland Collaborative to Improve Children’s Oral Health Through School-Based Health Programs*. The bill establishes an interdisciplinary collaborative to determine how school-based dental programs can improve access to dental services for children.

MASBHC is deeply concerned about declining access to dental services for children. The % of children accessing preventative dental services under Medicaid peaked at about 64% in 2016. While access to dental services for all individuals declined during the pandemic, we have not seen sufficient improvement for children. In 2023, only 57% of children in Medicaid received preventative dental services.ⁱ

MASBHC believes that school-based dental programs are essential to improving the oral health of children. There are a wide range of programs which could provide critical preventative dental services and linkages to permanent dental homes. We need a coordinated statewide approach to support local jurisdictions in implementing programs best-suited for their communities. The Collaborative established by this legislation will provide the roadmap for the State’s work.

We ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.



ⁱ <https://health.maryland.gov/mmcp/Documents/JCRs/2020/dentalJCRfinal11-20.pdf>

<https://health.maryland.gov/phpa/oralhealth/Documents/2024AnnualOralHealthJCR.pdf>

2025 MASHN SB 988 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV

Maryland Association of School Health Nurses



Committee: Senate Finance Committee

Bill Number: Senate Bill 988 – Dental Services – Dental Hygienists in Schools and School-Based Health Centers and the Maryland Collaborative to Improve Children’s Oral Health Through School-Based Services

Hearing Date: February 25, 2025

Position: Support

The Maryland Association of School Health Nurses (MASHN) strongly supports *Senate Bill 988 – Dental Services – Dental Hygienists in Schools and School-Based Health Centers and the Maryland Collaborative to Improve Children’s Oral Health Through School-Based Services*. The bill establishes an interdisciplinary collaborative to create a roadmap to improving children’s oral health through school-based dental programs.

MASHN was deeply troubled by the 2022-2023 Children’s Oral Health Survey conducted by the Maryland Department of Health. MDH found that 51% of Maryland’s school children needed sealants, with Black children at the highest prevalence of need at 60% and the Western region of the State with the highest sealant need at 72%.ⁱ

We need to improve the oral health of children across Maryland. We ask for a favorable vote on this legislation to establish the Collaborative. If we can provide any information, please contact Robyn Elliott at relliott@policypartners.net.

ⁱ <https://health.maryland.gov/phpa/oralhealth/Documents/SchoolSurveySummary2023.pdf>

2025 MDAC SB 988 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



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

Committee: Senate Finance Committee

Bill Number: Senate Bill 988 – Dental Hygienists in Schools and School-Based Health Centers/the Maryland Collaborative to Improve Children’s Oral Health through School-Based Programs

Hearing Date: February 25, 2025

Position: Support

The Maryland Dental Action Coalition strongly supports *Senate Bill 988* - Dental Hygienists in Schools and School-Based Health Centers/the Maryland Collaborative to Improve Children’s Oral Health through School-Based Programs. The bill establishes an interdisciplinary collaborative to consider how school-based dental programs can address the decline in access to children’s oral health services.

Access to dental services for children has decreased in Maryland, reversing years of progress.

After the death of Deamonte Driver in 2007 of a tooth abscess, the Maryland Department of Health established the Maryland Dental Action Committee to develop an action plan. Driver, a student in Prince George’s County, had pediatric dental coverage through Maryland Medicaid. His death tragically demonstrated that coverage does not equal access.

Maryland stakeholders worked diligently to implement the Maryland Dental Action Committee’s action plan. The Committee later became a stand-alone nonprofit organization, the Maryland Dental Action Coalition.

The action plan worked. According to Maryland Department of Health’s Annual Oral Health Legislative Reports, the percentage of children with Medicaid who accessed preventative dental services increased from about 50% in 2008 to 64% in 2015. Progress plateaued during the 2016-

Optimal Oral Health for All Marylanders

2019 period with about 63-64% of children receiving preventative dental services under Medicaid. The numbers plummeted during COVID and have yet to rebound at just 56% of children obtaining preventive dental services in Medicaid in 2023 (see attached chart).

The declining numbers of children accessing dental services is concerning. Maryland needs to examine public health strategies to address this issue. SB 988 is a critical next step in addressing the oral health needs of children.

The bill launches a renewed public health approach to closing gaps for children to dental care.

The bill supports children and Maryland families. Children are already in school. By building stronger school-based dental programs, Maryland can:

- ✓ Improve the oral health of children through basic preventative care; and
- ✓ Build bridges to permanent dental homes for families.

The bill creates an interprofessional workgroup to bring together dental hygienists, dentists, school nurses, and educational professionals to design evidenced-based public health programs. Potential approaches include:

- Expanding the utilization of dental hygienists providing preventative services. Existing law allows dental hygienists meeting certain conditions, such as having a collaborative written agreement with a dentist, to provide these services. However, there are many barriers to implementation, including the lack of direct Medicaid reimbursement to dental hygienists;
- Exploring whether school nurses can play a role in applying fluoride varnishes under guidelines developed by Departments of Health and Education; and
- Developing practical strategies to provide linkages to permanent dental homes.

Conclusion

The Maryland Dental Action Coalition urges a favorable report on SB 988. We are alarmed at the declining access to dental services for children. The Maryland Collaborative to Improve Children's Oral Health Through School-Based Programs can provide an important part of the roadmap to safeguard the oral health of Maryland's children. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net.

Optimal Oral Health for All Marylanders

Percentage of Children Receiving Dental Services by Type of Service Children Ages 4-20, Enrolled for at least 320 days

Attachment to Maryland Dental Action Coalition’s Testimony on SB 988/HB 1143 - the Maryland Collaborative to Improve Children's Oral Health Through School-Based Programs

Percentage of Children Aged 4 through 20 Years Enrolled in Medicaid for at Least 320 Days Receiving Dental Services, by Type of Service

Calendar Year	Diagnostic	Preventative	Restorative
2007	48.6%	45.2%	16.4%
2008	53.1%	50.1%	21.3%
2009	55.5%	52.3%	21.8%
2010	61.9%	58.2%	25.0%
2011	64.5%	60.8%	25.1%
2012	66.0%	62.5%	24.3%
2013	66.8%	63.2%	24.4%
2014	66.2%	62.6%	23.2%
2015	67.6%	64.0%	24.0%
2016	67.0%	63.4%	23.3%
2017	66.5%	62.9%	23.2%
2018	67.4%	63.6%	22.9%
2019	67.75%	63.8%	23.0%
2020	51.9%	48.2%	16.0%
2021	58.3%	55.0%	19.0%
2022	58.9%	55.5%	19.0%
2023	69.8%	56.5%	18.9%

Source: Maryland Department of Health’s Annual Oral Health Report

<https://health.maryland.gov/phpa/oralhealth/Pages/Annual-Legislative-Reports.aspx>

SB0988 testimony.pdf

Uploaded by: Saana Kataria

Position: FAV

February 21, 2025

Submitted to: Maryland Senate Finance Committee

Subject: Support for SB0988

Chairperson Honorable Members of the Finance Committee,
My name is Saana Kataria and I am a dentist trained in India, currently pursuing a Master of Public Health at the Johns Hopkins Bloomberg School of Public Health. I also have hands-on experience working as a Dental Assistant and Treatment Coordinator in California, where I provided care for underserved, state-insured patients. As the President of the Johns Hopkins Oral Health Society, I lead a student organization dedicated to advancing oral health advocacy, education, and interdisciplinary collaboration to improve access to equitable dental care. Additionally, I serve on the board of a Federally Qualified Health Center (FQHC) in California, where I contribute to quality assurance and risk management efforts aimed at improving access to healthcare for underserved populations.

I strongly support SB0988, which expands school-based dental programs to improve access to preventive care for Maryland's children. Many children in Maryland lack access to basic preventive dental care, putting them at risk for serious health issues. According to the 2022–2023 Maryland Children's Oral Health Survey:

- 1 in 5 children have untreated dental decay
- Half of school-aged children need dental sealants (preventive measure that can reduce cavities)
- 30% of children need early follow-up or urgent dental care
- Western Maryland has the highest rates of untreated decay (27%) and urgent dental care needs (16%), indicating disparities in access to care.

In 2007, 12-year-old Deamonte Driver died from a preventable tooth infection after his family struggled to find a Medicaid-accepting dentist. His death led to expanded Medicaid dental coverage, but 21% of school-aged children still suffer from untreated decay, highlighting ongoing gaps in access to care.

This bill:

- Allows dental hygienists to provide care in schools under general supervision of a dentist, bringing preventive services directly to children who need them.
- Creates a statewide collaborative to assess and improve school-based dental programs, ensuring they effectively serve children across Maryland.

Expanding access to school-based dental care will help children avoid unnecessary pain, reduce school absences, and prevent costly emergency dental care. I urge the committee to pass SB0988 to expand school-based dental care and address the ongoing gaps in access to preventive services for Maryland's children.

Sincerely,

Saana Kataria

Master of Public Health (MPH) Student

*Co-VP of Intercampus Affairs, Student Assembly
President, Johns Hopkins Oral Health Society
Johns Hopkins Bloomberg School of Public Health*

*Co-Chair, Student Subcommittee, Diversity Leadership Council
Johns Hopkins University*

Email: skatari3@jh.edu, saanakataria@gmail.com

Contact: (530)921-2206

SB988 FAV MSEA.pdf

Uploaded by: Samantha Zwerling

Position: FAV

FAVORABLE
Senate Bill 988

Dental Services – Dental Hygienists in Schools and School-Based Health Centers and the Maryland Collaborative to Improve Children’s Oral Health Through School-Based Services

Senate Finance Committee
February 25, 2025

Samantha Zwerling
Government Relations

The Maryland State Education Association supports Senate Bill 988, which would create an interdisciplinary collaborative to consider how school-based dental programs can address the decline in access to children’s oral health services.

MSEA represents 75,000 educators and school employees who work in Maryland’s public schools, teaching and preparing our almost 900,000 students so they can pursue their dreams. MSEA also represents 39 local affiliates in every county across the state of Maryland, and our parent affiliate is the 3-million-member National Education Association (NEA).

According to the Maryland Department of Health’s Annual Oral Health Legislative Reports, the percentage of children with Medicaid who accessed preventative dental services increased from about 50% in 2008 to 64% in 2015. Progress plateaued during the 2016-2019 period with about 63-64% of children receiving preventative dental services under Medicaid. The numbers plummeted during COVID and have yet to rebound at just 56% of children obtaining preventative dental services in Medicaid in 2023¹.

This decline is alarming. Senate Bill 988 presents an opportunity for the state to assess public health strategies that can address these challenges and enhance access to oral healthcare for children through school-based programs.

¹ <https://health.maryland.gov/phpa/oralhealth/Pages/Annual-Legislative-Reports.aspx>

The National Institutes of Health (NIH) recognizes that school-based oral health services can significantly improve healthcare access, particularly for students from disadvantaged backgrounds, by providing preventive and treatment services directly in schools². Additionally, such programs contribute to overall health and well-being, as oral health is integral to general health and quality of life. School-based initiatives also support skills-based health education, helping students, teachers, and parents better understand the factors that influence health and empowering them to make informed choices for lifelong well-being.

By strengthening school-based dental programs, Maryland can expand access to preventive care and connect families with long-term dental care solutions.

We urge the committee to issue a Favorable Report on Senate Bill 988.

2

<https://pmc.ncbi.nlm.nih.gov/articles/PMC6901974/#:~:text=First%2C%20school%2Dbased%20oral%20health,from%20disadvantaged%20communities%20and%20families.>

SB0988- Written Testimony.pdf

Uploaded by: Stella Hong

Position: FAV

Stella Hong

Committee: Finance

Committee Bill Number: SENATE BILL 988: Dental Services – Dental Hygienists in Schools and School–Based Health Centers and the Maryland Collaborative to Improve Children’s Oral Health Through School–Based Programs

Date: February 21, 2025

Position: Support

My name is Stella Hong, and I am a senior at Johns Hopkins University studying Biology. I am writing to express my strong support for Senate Bill 988, which creates the Maryland Collaborative to Improve Children’s Oral Health Through School-Based Programs.

I volunteer weekly at Barclay Elementary school, a Title I school, in Baltimore City to teach 1st and 2nd grade students about healthy oral hygiene. Despite the oldest children being 8 years old, the children frequently tell me that they’ve never been to the dentist or tell me that their teeth feel sore from cavities. These experiences underscore the critical need for improved access to dental care within schools, particularly for children from underserved communities. I support this bill that helps expand the capacity of school–based health centers in providing dental services.

In many areas of Western Maryland, the Eastern Shore, and Baltimore, there are less than 20 dentists per 100,000 residents, which is much lower than the national average of 61 dentists per 100,000 residents. Senate Bill 988 will help increase access to dental care in rural or underserved areas.

Expanding the capacity of school-based health centers to provide dental services is a necessary step toward addressing health disparities. By allowing dental hygienists to operate under general supervision in schools and creating a collaborative effort to enhance oral health programs, SB 988 will directly improve the well-being of countless children across Maryland. Early preventive care is essential to reducing long-term oral health issues, and this bill provides a sustainable, proactive approach to ensuring children receive the care they need.

I thank the committee for its leadership on this important issue and strongly urge you to advance SB 988.

Sincerely,

Stella Hong

Johns Hopkins University

(562) 533-6662

SB 988 pdf 2025.pdf

Uploaded by: Charles Doring

Position: FWA

SB 988 Support with MSDA amendments

(CF HB 1143)

Charles Doring DDS

Written Testimony in Support of SB 988

From Charles A. Doring DDS

A Maryland Healthy Smiles (Dental Medicaid) Provider

(Submitted 2/21/2025 for hearing 2/24/2025)

Dear Members of the Maryland Senate Finance Committee,

Thank you for the opportunity to provide written testimony in support of SB 988 with proposed amendments from the Maryland State Dental Association (MSDA). I am a general dentist in a small group practice in Rockville that employes a team of 15 dental health providers and support staff. I am also the president-elect of the MSDA as well as a Dean's Faculty member at our University of Maryland School of Dentistry. I was a member of the 2022 Maryland Legislative Oral Health Care Task Force charged with finding solutions to dental health care disparities. I am speaking to you as an individual and dental Medicaid provider to you today.

School based oral examinations or dental screenings are a valuable method of trying to reduce the incidence and severity of childhood oral diseases, particularly, dental tooth decay (caries). Dental hygienists can play a valuable role in providing dental care in non-traditional settings such as school and nursing homes. SB 988 would permit a Maryland licensed dental hygienist under the general supervision of a "licensed" dentist. The concept is favorable but the oversight of such general supervision should site existing regulations on dental care performed outside of the traditional dental office when the dentist is not present on site. The amendments proposed by the MSDA provide patient safety and oversight of the care being provided. Among the amendments are 1) the supervising dentist have "an active general license to practice dentistry in the state" , 2) supervising dentist have "at least 2 years of active clinical practice in direct patient care", 3) the dental hygienist provider have "at least 2 years of active clinical practice in direct patient care, 4) a Memorandum of Understanding be established between the dental providers and the school where care under general supervision is being performed, 5) proper parents or guardian consent for dental care is obtained, and 5) the supervising dentist be available consultation as needed when oral hygiene care is being provided.

The MSDA amendments provide access to dental care to a vulnerable population while at the same time provide safeguards the children deserve and the parents will expect.

For the above reasons, I request a favorable report on SB 988 with the amendments proposed by the Maryland State Dental Association.

Testimony and Amendments - SB 988 - ental Hygiene

Uploaded by: Daniel Doherty

Position: FWA



**Maryland State Dental Association’s Testimony in Support with Amendments of SB 988 –
Dental Services- Dental Hygienists in Schools and School-Based Health Centers and the
Maryland Collaborative to Improve Children’s Health Through School-Based Programs**
Submitted by Daniel T. Doherty, Jr. on Behalf of the Maryland State Dental Association

The Maryland State Dental Association (“MSDA”) supports, with amendments, SB 988. The intent of SB 988 to authorize a person with a general license to practice dental hygiene to practice dental hygiene under the general supervision of a licensed dentist in a school or a school-based health center, presumably to students, although the bill is silent on that point The MSDA supports the concept of SB 988, but requests that it be amended as follows:

Amendment No.1: On page 3 strike “LICENSE” and following “DENTIST” insert the following: **“WHO HAS A VALID GENERAL LICENSE TO PRACTICE DENTISTRY”**

On page 3 strike following “IF” in line 15 through line 17, and insert the following:

“(1) THE SUPERVISING DENTIST:

**(I) HOLDS AN ACTIVE GENERAL LICENSE TO PRACTICE DENTISTRY
IN THE STATE;**

**(II) HOLDS A CURRENT CERTIFICATE EVIDENCING HEALTH PROVIDER
LEVEL C PROFICIENCY, OR ITS EQUIVALENT, IN CARDIOPULMONARY
RESUSCITATION;**

**(III) HAS AT LEAST 2 YEARS OF ACTIVE CLINICAL PRACTICE IN DIRECT
PATIENT CARE;**

**“(2) THE DENTAL HYGIENIST AUTHORIZED TO PRACTICE UNDER THE
GENERAL SUPERVISION OF A LICENSED DENTIST:**

**(I) HOLDS AN ACTIVE GENERAL LICENSE TO PRACTICE DENTAL
HYGIENE IN THE STATE;**

**(II) HOLDS A CURRENT CERTIFICATE EVIDENCING HEALTH PROVIDER
LEVEL C PROFICIENCY, OR ITS EQUIVALENT, IN CARDIOPULMONARY
RESUSCITATION;**

**(III) HAS AT LEAST 2 YEARS OF ACTIVE CLINICAL PRACTICE IN DIRECT
PATIENT CARE;**

Rationale: This language is current law under §4-308(h)(3) [Section 4-308 is the section amended by HB 1143]. Subsection (h) allows a dental hygienist to practice under general supervision in a dental facility owned and operated by the federal, State, or a local government or a public health department of the State or a county. That subsection requires that a dentist and a dental hygienist have an active Maryland general License, are currently certified in CPR and have at least 2 years of clinical practice. These are reasonable requirements to be applied to the new §4-308(n).

“(3) THE SUPERVISING DENTIST AND THE DENTAL HYGIENIST SHALL ENTER INTO A MEMORANDUM OF UNDERSTANDING WITH THE SCHOOL, SCHOOL-BASED HEALTH CENTER OR THE BOARD OF EDUCATION IN WHICH THE SCHOOL OR THE SCHOOL-BASED HEALTH CENTER IS LOCATED;

Rationale: In researching this issue, the MSDA President, who has practiced since 2009 at Chesapeake Health Care on the Lower Eastern Shore, explained to me that when Chesapeake health Care provides dental services as prescribed under the bill, they must have a Memorandum of Understanding, usually with the Board of Education, however this may be different for private schools.

“(4) THE SCHOOL OR SCHOOL-BASED HEALTH CENTER IS TO REPORT TO THE BOARD:

(I) THAT IT IS OPERATING UNDER GENERAL SUPERVISION; AND
(II) THE IDENTITY OF EACH SUPERVISING DENTIST AND DENTAL HYGIENIST;

Rationale: The Board requires that every licensee shall inform the Board of the location in which they are practicing. Since multiple dentists may be providing general supervision and multiple dental hygienists may be providing dental services, informational report of all the dental practitioners involved needs to be provided to the Board. Further, as a facility in which dental health services are provided, the school or school-based health center are the most logical entities to report this information to the Board.

“(5) THIS SUBSECTION MAY NOT BE CONSTRUED TO:

(I) AUTHORIZE A DENTAL HYGIENIST TO PRACTICE DENTAL HYGIENE INDEPENDENT OF A SUPERVISING DENTIST;
(II) PROHIBIT A SUPERVISING DENTIST FROM BEING AVAILABLE FOR PERSONAL CONSULTATION, OR ON THE PREMISES WHERE THE SUPERVISED DENTAL HYGIENIST IS PRACTICING;
(III) ALLOW DENTAL HYGIENE SERVICES TO BE PROVIDED TO NON-STUDENTS AT THE SCHOOL OR SCHOOL-BASED HEALTHCENTER; OR
(IV) ALLOW A DENTAL HYGIENIST TO EXAMINE OR TREAT A

STUDENT WITHOUT THE STUDENT'S CUSTODIAL PARENT OR GUARDIAN'S CONSENT.

Rationale: (5)(I) clarifies that this bill does not authorize dental hygienists to practice independent of a supervising dentist. (II) Provides that a supervising dentist is available for consultation, and that the dentist, in their capacity of a supervising dentist, may be on the premises where the dental hygienist provides dental hygiene services. (III) provides that dental hygiene services may only be provided to students; and (IV) States, as an important prerequisite, that the custodial parent or guardian's consent is required before the dental hygienist may provide care to a student.

**Daniel T. Doherty, Jr.
February 21, 2025**

SB 988 - DENTAL - FIN - LOSWA.pdf

Uploaded by: State of Maryland (MD)

Position: FWA



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

Maryland State Board of Dental Examiners
Spring Grove Hospital Center - Benjamin Rush Bldg.
55 Wade Ave/Tulip Drive
Catonsville, MD 21228

2025 SESSION POSITION PAPER

BILL NO: SB 988
COMMITTEE: Finance
POSITION: Support with Amendment

TITLE: Dental Services -Dental Hygienists in Schools and School-Based Health Centers and the Maryland Collaborative to Improve Children’s Oral Health Through School-Based Programs

BILL ANALYSIS: Currently, in order for a licensed dental hygienist to practice in a school, the hygienist must meet certain experiential, supervision, and other requirements set forth in Md. Code Ann., Health Occ. §4-308(l). The Bill as written would provide an alternative pathway for hygienists to practice in schools or school-based health centers by only requiring that the hygienist file a statement with the Board. It would also establish the Maryland Collaborative to Improve Children’s Oral Health through School-Based Programs to study and make recommendations on ways to improve these programs.

POSITION AND RATIONALE: The Maryland State Board of Dental Examiners (the “Board”) supports SB 988 with the following amendments put forth by the Bill sponsor and the Board:

Amendment 1

Pages 2-3, delete section 1 in its entirety.

Amendment 2

Page 4, insert before line 1 “(6) THE CHAIR OF THE STATE BOARD OF DENTAL EXAMINERS, OR THE CHAIR’S DESIGNEE;”; line 1 renumber (6) to be (7); and line 3, renumber (7) to be (8).

Amendment 3

Page 5, line 10, strike “and”; insert “(5) CLARIFYING THE LAW GOVERNING THE PRACTICE OF DENTAL HYGIENISTS IN SCHOOL SETTINGS TO REDUCE

**CONFUSION AMONG PRACTITIONERS AND SCHOOL-BASED PROGRAMS;
AND”;** and renumber (5) to be (6)

The Board has always been fully supportive of programs that seek to improve the oral health of children, especially those that are the most vulnerable. Early detection and maintaining good oral health for them is critical. Cavities are the most common chronic disease among children and untreated dental problems can lead to pain, infection, worsening of the dentition, difficulty eating and sleeping, other health conditions, social and emotional issues, and challenges in school. Preventive dental visits, such as checkups and dental cleanings, are essential to maintain good oral health and can address problems before they become more serious. Unfortunately, the bill as written, without the proper protocols the Board believes are essential, could potentially place children at risk should medical emergencies or other complications arise.

Conversely, the Board does support the creation of a Maryland Collaborative to Improve Children’s Oral Health Through School-Based Programs and would request that the Chair of the Board of Dental Examiners or their designee be added to the Collaborative.

For all of these reasons, the Board requests a favorable report on SB 988 with amendments. If you would like to discuss this further, please contact Chiyo Alie, Board President at chiyo.alie@maryland.gov or at 202-997-2606.

The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.

SB 988 - MDH - FIN - LOI (1).pdf

Uploaded by: Meghan Lynch

Position: INFO



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

February 25, 2025

The Honorable Pamela Beidle
Chair, Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: Senate Bill (SB) 988 – Dental Services – Dental Hygienists in Schools and School-Based Health Centers and the Maryland Collaborative to Improve Children’s Oral Health Through School-Based Programs – Letter of Information

Dear Chair Beidle and Committee members:

The Maryland Department of Health (the Department) respectfully submits this letter of information regarding Senate Bill (SB) 988 – Dental Services – Dental Hygienists in Schools and School-Based Health Centers and the Maryland Collaborative to Improve Children’s Oral Health Through School-Based Programs. SB 988 establishes the Maryland Collaborative to Improve Children’s Oral Health (the Collaborative) to study and make recommendations to enhance school-based dental programs.

The Department would like to provide information about the current status of oral health care in Maryland’s School-Based Health Centers (SBHCs). The Standards for SBHCs in the Maryland School-Based Health Center Program outline the minimum requirements for SBHCs seeking and maintaining approval from the Department’s Maternal and Child Health Bureau.¹ Oral health is classified as a specialized or expanded service, which *may* be offered based on the needs of the school, feasibility, and the expertise of the care team. Currently, fewer than 30% of Maryland’s 89 approved SBHCs offer this expanded service. There is no specific requirement in the Standards regarding whether the staff providing these services should be a dentist or a dental hygienist.

The Department supports the Collaborative’s goal of studying and recommending ways to improve the oral health of children in Maryland through school-based dental programs. However, the Department must also acknowledge the anticipated fiscal and operational impact of participating in, and providing staff for, the Collaborative. The Department requires additional personnel to oversee the development and management of the Collaborative, and to ensure the overall successful implementation of this bill. This would include implementing, coordinating, staffing, and managing the Collaborative activities; providing background research and data to the Collaborative; and managing the development and submission of the required reports. The

¹ Standards for School-Based Health Centers in the Maryland School-Based Health Center Program, January 2025, <https://health.maryland.gov/phpa/mch/MD-SBHC-Program/Documents/Maryland%20SBHC%20Program%20Standards%202025.pdf>

responsibilities outlined in the bill cannot be accommodated with the Department's current staffing levels.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Laura Herrera Scott". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Laura Herrera Scott, M.D., M.P.H.
Secretary