

**In Opposition to Senate Bill 242- Modernizing Civil Relief for Service Members Act
Submitted by:**

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Diplomate, American Board of Orthodontics

Chair, Vice Chair, and Members of the Committee,

Thank you for the opportunity to submit testimony. My name is Natasha Bharucha, and I am a practicing orthodontist and a Medicaid provider in Maryland. I respectfully oppose Senate Bill 242.

I fully support efforts to help military service members and their spouses continue their careers when relocating, and I agree that unnecessary barriers to employment should be addressed. However, I am concerned that the language of this bill raises significant issues related to patient safety, regulatory clarity, and professional accountability.

Currently, Maryland law requires dentists to obtain licensure from the State Board of Dental Examiners. Licensure establishes uniform standards for education, training, ethics, and clinical practice, and provides clear accountability to Maryland's laws and regulatory expectations. Senate Bill 242 would replace this standard with the term “**individual authorized to practice dentistry**”, which may include temporary or out-of-state authorizations that do not align with Maryland's licensure requirements or regulatory framework.

Dentistry operates as a team-based profession. In my practice, dental assistants perform delegated tasks daily under my supervision. This model is common in orthodontics and is implemented in many states, with varying degrees of permissiveness regarding delegation. The critical issue is not the occurrence of delegation, but rather who holds ultimate accountability and under which standards. In Maryland, this accountability is clear because supervision and delegation authority are directly linked to licensure by the Maryland State Board of Dental Examiners.

Senate Bill 242 would undermine that clarity. Authorization under other statutes may be temporary or based on standards developed outside Maryland's dental regulatory system. Under this bill, individuals could supervise staff, fulfill direct supervision requirements, and act as the responsible provider, even if they have not been licensed by the Maryland State Board of Dental Examiners or trained to understand Maryland's specific expectations, laws, and enforcement mechanisms.

This distinction is especially important in orthodontics, where treatment often spans months or years and involves ongoing clinical judgment. Delegated tasks, such as placing orthodontic bands or archwires, require supervision by a provider fully accountable to Maryland's standards of care. Patients should not be subject to differing regulatory expectations depending on where a supervising dentist was originally licensed or authorized.

Additionally, the bill does not clearly address how discipline would be handled if an authorized individual fails to meet Maryland's standards of care or which entity would be responsible for enforcement. This concern mirrors issues raised in prior compact proposals. Maryland's licensure process ensures that dentists are subject to investigation, discipline, and enforcement by the State Board of Dental Examiners. That clarity is essential for patient protection and public trust.

Dental boards exist to set uniform standards, ensure consistent oversight, and protect patients. By incorporating a broad authorization statute into the Dental Practice Act, Senate Bill 242 shifts key regulatory decisions away from laws specific to dentistry and into a generalized framework that fails to account for the unique risks, delegation structures, and long-term care models in dental practice.

If the intent of Senate Bill 242 is to assist military families, that goal can be achieved without changing licensure standards. Requiring dentists to apply through established licensure pathways ensures they understand and are held accountable to Maryland's laws, standards, and disciplinary processes. Replacing licensure with a broader authorization standard weakens these protections and introduces unnecessary uncertainty for both providers and patients.

For these reasons, I respectfully request an unfavorable report on Senate Bill 242, or that amendments be adopted to preserve licensure as the foundation for supervision, delegation, and accountability in Maryland.

Thank you for your attention and consideration.

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