

HOUSE BILL 1143

J2, J1

5lr2078
CF SB 988

By: **Delegates Bagnall, Cullison, and Kipke**
Introduced and read first time: February 5, 2025
Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Dental Services – Dental Hygienists in Schools and School–Based Health**
3 **Centers and the Maryland Collaborative to Improve Children’s Oral Health**
4 **Through School–Based Programs**

5 FOR the purpose of providing that a general license to practice dental hygiene authorizes
6 the licensee to practice dental hygiene under the general supervision of a dentist in
7 a school or school–based health center; establishing the Maryland Collaborative to
8 Improve Children’s Oral Health Through School–Based Programs to study and make
9 recommendations on ways to improve school–based dental programs; and generally
10 relating to dental services.

11 BY repealing and reenacting, with amendments,
12 Article – Health Occupations
13 Section 4–308(f)(1)
14 Annotated Code of Maryland
15 (2021 Replacement Volume and 2024 Supplement)

16 BY adding to
17 Article – Health Occupations
18 Section 4–308(n)
19 Annotated Code of Maryland
20 (2021 Replacement Volume and 2024 Supplement)

21 Preamble

22 WHEREAS, The death of Deamonte Driver, a 12–year–old insured under the
23 Maryland Medical Assistance Program, from a tooth abscess on February 25, 2007,
24 triggered a call to action in public health; and

25 WHEREAS, In response to Deamonte Driver’s death, the Maryland Department of
26 Health, oral health advocates, the dental provider community, and the health care

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.
[Brackets] indicate matter deleted from existing law.



community collaborated to advance significant systemic improvements for access to dental services for all children, including children in underserved communities in the State; and

WHEREAS, Access to dental services for children covered by the Maryland Medical Assistance Program improved steadily between 2008 and 2015 with the percentage of children receiving preventive services rising from 50.1% to 64%; and

WHEREAS, Access to dental services for children covered by the Maryland Medical Assistance Program remained steady between 2016 and 2019, with 63% to 64% of children receiving preventive services; and

WHEREAS, Access to dental services for children covered by the Maryland Medical Assistance Program plummeted with the onset of the COVID–19 pandemic and has yet to recover, with only 56.5% of children receiving preventive dental services in 2023; and

WHEREAS, The 2022–2023 Children’s Oral Health Survey conducted by the Maryland Department of Health demonstrated that 21% of children had untreated dental decay, with Hispanic children having the highest prevalence of untreated decay at 30% and the Western region of the State with the highest prevalence at 27%; and

WHEREAS, The 2022–2023 Children’s Oral Health Survey conducted by the Maryland Department of Health demonstrated 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%; and

WHEREAS, Children in the State need public health action to improve access to dental services to avoid serious long–term health consequences; and

WHEREAS, School–based dental programs offer the potential to provide preventive and screening services and linkages to permanent dental homes for children in every Maryland community; now, therefore,

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
That the Laws of Maryland read as follows:

Article – Health Occupations

4–308.

(f) (1) Except as provided in subsection (k) of this section, while it is effective, a general license to practice dental hygiene issued under this title authorizes the licensee to practice dental hygiene:

(i) Under the supervision of a licensed dentist who is:

1. On the premises and available for personal consultation while the services are being performed; or

2. Not on the premises while authorized dental hygiene services are provided when the requirements of subsection (l) **OR (N)** of this section have been fully satisfied; and

1. Dental office;
2. Dental clinic;
3. Hospital;
4. School;
5. Charitable institution; or
6. Health maintenance organization certified by the State

SECTION 2. AND BE IT FURTHER ENACTED, That:

(b) The Collaborative consists of the following members:

(2) two members of the House of Delegates, appointed by the Speaker of the House;

(4) the Secretary of Education, or the Secretary's designee;

(6) the Chair of the Maryland Community Health Resources Commission, or the Chair's designee; and

(7) the following members, appointed by the Secretary of Health:

(i) one representative of the Maryland Medical Assistance Program;

(ii) one representative of the Maryland Association of School Health Nurses;

(iii) one representative of the Maryland Assembly of School-Based Health Care;

(iv) one representative of the Maryland Dental Action Coalition;

(v) one representative of the Maryland Dental Hygienists' Association;

(vi) one representative of the Maryland State Dental Association;

(vii) one representative of a federally qualified health center that manages a school-based dental program;

(viii) one representative of the Maryland Association of Boards of Education;

(ix) one representative of the Public School Superintendents' Association of Maryland; and

(x) one representative of the National Maternal and Child Health Resource Center.

(c) The Secretary of Health shall designate the chair of the Collaborative.

(d) The Maryland Department of Health shall provide staff for the Collaborative.

(e) A member of the Collaborative:

(1) may not receive compensation as a member of the Collaborative; but

(2) is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.

(f) The Collaborative shall study and make recommendations to improve the oral health of children in the State through school-based dental programs by analyzing the impact of:

1 (1) supporting schools and community dental partners in linking families
2 and children to permanent dental facilities;

3 (2) increasing the number of dental hygienists providing school-based
4 services through policy initiatives, including grant support for services for uninsured
5 children and Medicaid reimbursement of dental hygienists who render dental services;

6 (3) authorizing school nurses to provide fluoride varnishes among other
7 clinically appropriate services by modifying school health guidelines and providing
8 reimbursement through the Maryland Medical Assistance Program;

9 (4) expanding the capacity of school-based health centers to provide dental
10 services; and

11 (5) other innovative models for providing dental services to children in
12 schools.

13 (g) The Collaborative may consult with any other individual or organization with
14 expertise in school-based dental programs.

15 (h) (1) On or before December 1, 2025, the Collaborative shall submit an
16 interim report of its findings and recommendations to the Governor and, in accordance with
17 § 2-1257 of the State Government Article, the General Assembly.

18 (2) On or before October 1, 2026, the Collaborative shall submit a final
19 report of its findings and recommendations to the Governor and, in accordance with §
20 2-1257 of the State Government Article, the General Assembly.

21 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect July
22 1, 2025. Section 2 of this Act shall remain effective for a period of 2 years and, at the end of
23 June 30, 2027, Section 2 of this Act, with no further action required by the General
24 Assembly, shall be abrogated and of no further force and effect.