

Department of Legislative Services
Maryland General Assembly
2020 Session

FISCAL AND POLICY NOTE
First Reader

House Bill 921 (Delegate P. Young)
Health and Government Operations

Dentists - Saliva Lead Poisoning Screening Tests - Scope of Practice and Requirements

This bill alters the definition of “practice dentistry” to include the collection of oral saliva samples to screen for lead poisoning. A dentist may collect an oral saliva sample to screen an individual younger than age 19 for lead poisoning. The dentist must send the oral saliva sample to a medical laboratory that participates in Medicaid and is certified in accordance with the federal Clinical Laboratory Improvement Amendments of 1998. The dentist must send (1) written notice of the results and any recommendations to the parent or legal guardian of the child and (2) a copy of the results and other required information to the Maryland Department of Environment (MDE). The bill is not intended to *require* a dentist to conduct saliva lead screening tests.

Fiscal Summary

State Effect: MDE can handle the bill’s changes with existing budgeted resources. To the extent children enrolled in Medicaid receive saliva lead screening tests, Medicaid expenditures (55% federal funds, 45% general funds) and associated federal matching fund revenues increase by an indeterminate amount beginning FY 2021, as discussed below. **This bill increases the cost of an entitlement program beginning in FY 2021.**

Local Effect: None.

Small Business Effect: Potential meaningful.

Analysis

Current Law/Background:

Dentistry Scope of Practice

Under the Health Occupations Article, an individual must obtain a license from the State Board of Dental Examiners to practice dentistry. “Practice dentistry” encompasses (1) being a manager, proprietor, or conductor of or an operator in any place in which a dental service or operation is performed intraorally; (2) performing any intraoral dental service or operation; (3) diagnosing, treating, or attempting to diagnose or treat any disease, injury, malocclusion, or malposition of a tooth, gum, jaw, or associated structure, as specified; (4) performing dental laboratory work; (5) placing or adjusting a dental appliance in a human mouth; or (6) administering anesthesia for the purposes of dentistry and not as a medical specialty.

Lead Poisoning Blood Screening

In 2016, the Lead-Free Maryland Kids campaign updated clinical requirements for blood lead testing in children in the State. Since March 28, 2016, any geographic area within the State is considered an “at-risk” area for lead exposure. As a result, all children born on or after January 1, 2015, *must* be tested for lead poisoning. Children born prior to January 1, 2015, must be tested for lead poisoning *if* they reside in an at-risk area, as designated by the 2004 Targeting Plan for Areas at Risk for Childhood Lead Poisoning.

Typically, lead poisoning is tested using a blood test. Under Maryland regulations (COMAR [10.11.04.04](#)), effective March 28, 2016, a primary care provider for a child who resides or who is known to have previously resided in an at-risk area must administer a blood test for lead poisoning during the 12-month visit and again during the 24-month visit. A primary care provider for a child who is between the age of 24 months old and six years old who resides or who is known to have previously resided in an at-risk area must administer a blood test for lead poisoning if (1) the child has not previously received a lead poisoning blood test; (2) the child’s parent or guardian fails to provide documentation that the child has previously received a blood test for lead poisoning; or (3) the provider is unable to obtain the results of a previous blood lead analysis.

Elevated Blood Lead Levels and Related Notifications

An elevated blood level (EBL) is either (1) a blood level of 10 micrograms per deciliter ($\mu\text{g}/\text{dL}$) or greater, or (2) a blood level of 5 $\mu\text{g}/\text{dL}$ or greater for a blood test performed after March 28, 2016. A medical laboratory must report the results of a blood lead analysis, to the State’s immunization information system, ImmuNet (a web-based registry operated

by the Center for Immunization in the Maryland Department of Health (MDH)). MDH advises that most dental offices do not currently have access to ImmuNet, and under the bill, dental offices would need to access the system to verify if their patients have received a lead exposure screening to avoid duplicate testing.

A facility that draws blood from any child younger than age 18 for the purposes of testing blood lead levels must report the address, date of birth, state, and race of the child to MDE. Any medical laboratory that performs a blood level analysis must report the results to MDE. MDE must forward the results of the blood analysis to (1) ImmuNet; (2) the local health department (LHD) in the jurisdiction where the child resides; and (3) MDH.

The Secretary of the Environment must assist local governments, if necessary, to provide case management for children with EBLs. MDE or an LHD, upon receipt of the results of a blood test for lead poisoning indicating that a child younger than age six has an EBL, must notify the child's parents or legal guardian.

Oral Saliva Lead Screening

Oral saliva screening is a less invasive alternative to blood screening tests. According to a [study](#) reported in the *Journal of Analytical Toxicology*, oral saliva lead screening results closely correlate with the results of traditional blood lead level tests, indicating that oral saliva screening is an effective alternative. However, oral saliva screening tests have not been widely studied and have not been incorporated into lead screening recommendations at the State or federal level.

Recommended First Dental Visit

The American Dental Association and the American Academy of Pediatric Dentistry recommend that a child's first visit to the dentist should occur when their first tooth appears and no later than their first birthday.

Maryland Medicaid

Per federal requirements, all children enrolled in Medicaid are required to receive blood lead screening tests at ages 12 months and 24 months. Any child between 24 and 72 months with no record of a previous blood lead screening test must also receive a blood screening test. The Medicaid requirement is met only when the two blood lead screening tests are conducted. MDH advises that lead testing is currently the responsibility of Medicaid managed care organizations (MCOs) that administer many of Medicaid's services. Dental services, however, are carved out of the MCO benefit package and administered by a dental benefit administrator.

MDH advises that, in 2018, 388,310 children younger than age 19 were enrolled in Medicaid and received dental services during the year. For children younger than 24 months, 10.4% of children who accessed dental services had not received a lead exposure test.

State Expenditures: MDH estimates that each oral saliva lead screening test will cost approximately \$65. To the extent that children receive oral saliva lead screening tests, Medicaid expenditures increase by an indeterminate amount beginning in fiscal 2021 (55% federal funds, 45% general funds). Federal fund revenues increase accordingly.

For illustrative purposes only, if 10% of children enrolled in Medicaid who accessed dental services in 2018 received an oral saliva lead screening test from a dentist, Medicaid expenditures would increase by \$2.5 million for one round of screening. However, the Department of Legislative Services advises that the number of children who may actually receive screening under the bill cannot be reliably estimated at this time.

Small Business Effect: Small business dental practices benefit from the ability to collect oral saliva samples to screen for lead poisoning in patients younger than age 19 and receive reimbursement for such services from Medicaid.

Additional Information

Prior Introductions: None.

Designated Cross File: None.

Information Source(s): Maryland Department of the Environment; Maryland Department of Health; Department of Legislative Services

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