

**Department of Legislative Services**  
Maryland General Assembly  
2020 Session

**FISCAL AND POLICY NOTE**  
**Third Reader**

Senate Bill 511  
Finance

(Senator Kelley, *et al.*)

Health and Government Operations

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**Task Force on Oral Health in Maryland**

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This bill establishes the Task Force on Oral Health in Maryland. The Maryland Department of Health (MDH) and the Department of Legislative Services (DLS) must provide staff for the task force. Members may not receive compensation but are entitled to reimbursement for expenses under the standard State travel regulations, as provided in the State budget. The task force must submit an interim report by May 1, 2021, and a final report by December 1, 2021, to the Governor and specified committees of the General Assembly. **The bill takes effect July 1, 2020, and terminates June 30, 2022.**

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**Fiscal Summary**

**State Effect:** The bill's requirements can be handled with existing budgeted resources, as discussed below. Revenues are not affected.

**Local Effect:** None.

**Small Business Effect:** None.

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**Analysis**

**Bill Summary:**

The task force must:

- analyze current access to dental services in the State, with a focus on residents affected by poverty, disabilities, or aging;

- identify areas of the State where a significant number of residents are not receiving oral health care services, distinguishing between pediatric and adult populations;
- identify barriers to receiving dental services in areas in need;
- analyze the specific impact of such barriers;
- assess options to eliminate such barriers, including the feasibility of establishing a program for dental therapy in the State; and
- make recommendations to increase access to dental services in the State.

**Current Law/Background:** The Oral Health Safety Net Program, as established under the Health-General Article, provides start-up funding to expand oral health capacity for underserved low-income and disabled individuals, including individuals enrolled in Medicaid and the Maryland Children’s Health Program. MDH’s Office of Oral Health conducts an annual evaluation of the program and reports specified information to the Governor and the General Assembly by November 1 of each year.

The 2018 annual report for the Oral Health Safety Net Program (the latest report available), submitted jointly by the Office of Oral Health and Medicaid, addressed several issues relating to dental care access, specifically (1) Medicaid availability and accessibility of dentists; (2) Medicaid dental administrative services organization utilization outcomes and allocation and use of related dental funds; (3) the results of the program; (4) the findings and recommendations of the Oral Cancer Initiative; and (5) other related oral health issues.

According to The Pew Charitable Trusts, dental therapists are midlevel providers, similar to physician assistants, who deliver preventive and routine restorative care, such as fillings, temporary crowns, and extractions of badly diseased or loose teeth. The Pew Charitable Trusts reports that, as of December 2019, 12 states allow dentists to hire dental therapists, including Arizona, Connecticut, Idaho, Maine, Michigan, Minnesota, Nevada, New Mexico, and Vermont. Washington, Oregon, and Idaho authorize dental therapists in tribal areas.

Dental therapists have been authorized to work with Alaskan native tribes since 2004. The Journal of Public Health Dentistry recently reported that the dental care of children and adults has improved since the addition of dental therapists; there have been less tooth extractions and cavities, and more preventative care.

**State Expenditures:** Although MDH’s Prevention and Health Promotion Administration (PHPA) advises that it must hire one part-time (25%) employee to staff the task force, DLS advises that, as DLS and PHPA share staffing responsibilities, PHPA can likely handle these duties with existing resources. However, staff may need to be temporarily diverted from other tasks in order to staff the task force, conduct the required assessments, and meet the bill’s reporting requirements.

## **Additional Information**

**Prior Introductions:** SB 431 of 2019 received a hearing in the Senate Finance Committee, but no further action was taken. Its cross file, HB 309, received a hearing in the House Health and Government Operations Committee, but no further action was taken. HB 879 of 2018 passed the House with amendments and was referred to the Senate Education, Health, and Environmental Affairs Committee, but no further action was taken. Its cross file, SB 544, received a hearing in the Senate Education, Health, and Environmental Affairs Committee, but no further action was taken.

**Designated Cross File:** None.

**Information Source(s):** Maryland Higher Education Commission; University System of Maryland; Maryland Department of Health; Legislative Services; Department of Legislative Services

**Fiscal Note History:** First Reader - February 16, 2020  
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Analysis by: Amberly Holcomb

Direct Inquiries to:  
(410) 946-5510  
(301) 970-5510