

Department of Legislative Services  
Maryland General Assembly  
2022 Session

FISCAL AND POLICY NOTE  
First Reader

House Bill 1266 (Delegate P. Young, *et al.*)  
Health and Government Operations

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

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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.

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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 2023, as discussed below. **This bill increases the cost of an entitlement program beginning in FY 2023.**

**Local Effect:** None.

**Small Business Effect:** Potential meaningful.

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## Analysis

### Current Law:

#### *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) performing any intraoral dental service or operation; (2) diagnosing, treating, or attempting to diagnose or treat any disease, injury, malocclusion, or malposition of a tooth, gum, jaw, or associated structure, as specified; (3) performing dental laboratory work; (4) placing or adjusting a dental appliance in a human mouth; or (5) administering anesthesia for the purposes of dentistry and not as a medical specialty.

“Practice dentistry” includes (1) patient evaluation, diagnosis, and determination of treatment plans; (2) determination of treatment options, including the choice of restorative and treatment materials and diagnostic equipment; and (3) determination and establishment of dental patient protocols, dental standards, and dental practice guideline.

#### *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 facility that draws blood from any child younger than age 18 for the purposes of testing blood lead levels must report, along with the results, the address, date of birth, state, and race of the child to MDE. MDE must forward the results of the blood analysis to (1) ImmuNet, a web-based registry operated by the Center for Immunization in the Maryland Department of Health (MDH); (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 elevated blood levels. 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 elevated blood level, must notify the child's parents or legal guardian.

### *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.

**State Expenditures:** MDH advises that, in 2019, 408,862 children younger than age 20 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.

MDH estimates that each oral saliva lead screening test will cost approximately \$60. To the extent that children receive oral saliva lead screening tests, Medicaid expenditures increase by an indeterminate amount beginning in fiscal 2023 (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 2019 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.

Additionally, 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.

**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.

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### **Additional Information**

**Prior Introductions:** HB 921 of 2020 received a hearing in the House Health and Government Operations Committee, but no further action was taken.

**Designated Cross File:** None.

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

**Fiscal Note History:** First Reader - March 6, 2022  
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