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Written Testimony in Support with Amendments of 2022 HB 969

State Board of Dental Examiners, Membership, Training, Disciplinary Processes

Dr. Charles Doring

Dear members of the House Health & Government Operations Committee. My name is Dr. Charles Doring and I am providing written testimony in support of HB 969 with amendments as outlined in testimony provided by the Maryland State Dental Association. I am a general dentist in Montgomery County and a Maryland Healthy Smiles (Medicaid) provider. I am also a Member of the Maryland Healthy Smiles Provider Advisory Board and a member of Maryland Task Force on Oral Health.

Many suggestions proposed in HB 969 have merit, and with amendments I hope we can proceed with legislation that improves the function of the Maryland State Board of Dental Examiners (MSBDE). I will focus my comments on the Membership changes called for in HB 969 and why I oppose changing the current nomination process. Currently, the MSBDE is composed of 9 dentists, 4 dental hygienists, and 3 consumer members, all appointed by the Governor and confirmed by the Maryland Senate. Appointments should be based on fairness and diversity. In the case of dentist members of the MSBDE, diversity needs to include gender, ethnicity, geographic location and expertise in dental specialty. The National Commission on Recognition of Dental Specialties and Certifying Boards currently recognize 12 dental specialties. Of the 9 current board dentists, 4 are female, 3 are non-white ethnicity, 3 are dental specialists, and 2 have or had associations with Dental Service Organization. Although increased diversity and inclusion in any group and association is of utmost importance, HB 969 board nomination changes proposed by the non-dentist administrators are not going to accomplish the goals of any health care provider board, "Protection of the Public" for the following reasons:

1). HB 969 unamended eliminates the process of 10 Maryland licensed dentist signatures (or 10 dental hygienist signatures) required for MSBDE nomination. The bill states any dental organization representing 25 licensed dentists or more may nominate a dentist for the board but eliminates any signatures by other dental members to validate that nomination. In essence, a non-dentist administrator for such an organization may nominate an individual without any licensee signatures or member approval.

2). HB 969 unamended eliminates a voting ballot and an important vetting process by one's peers. Fellow dentists will support candidates who are ethical, are un-bias in opinion, and will uphold justice. The balloting provides the Governor's office important information on the nomination by fellow dentists (and dental hygienists). All nominated names are forwarded to the Governor's office for further vetting and ultimate appointment to the MSBDE.

3). HB 969 unamended requires inclusion of “each of business model used by dentists” to be represented on the MSBDE. How is that defined and what does that include? Currently there are a large number of business models, many more than the 9 dental board slots available. And should “business” philosophy enter into dental ethics and justice? To be clear, the American Dental Association and Maryland State Dental Association represent all dentists regardless of business model or practice type. Dentists are dentists. When I meet a new dentist, I generally don’t ask “what business model do you use?” The MSBDE/Health Department does not collect data on “business models.” Dentists tend to change practice locations and business models throughout their career. If a dentist is appointed to the MSBDE under one business model and then changes business models, do they have to resign from the MSBDE? Protection of the public is the charge of the MSBDE, not protection of “business models”.

4). HB 969 unamended requires that at least one of the three consumer members must be receiving, or have received, dental care through Maryland Medicaid. Although that Medicaid experience would be nice, it is practically impossible at this time for there is currently no adult dental Medicaid benefit in Maryland. (Please reference HB 6 Adult Dental Medicaid Coverage.) Such required disclosures may be viewed as a HIPAA violation.

5). HB 969 unamended eliminates nominations from state dental organizations affiliated with a national organization. This would eliminate the potential input from specialty or ethnic organizations such as traditional Hispanic-Latino dental associations and African-American dental societies. At a time when we need more diversity, let’s not exclude important nomination input.

If the nomination changes are in an attempt to improve fairness and adjudication processes of the MSBDE, I would suggest those changes could be accomplished with initial and periodic mandatory training provided by the Maryland Office of the State Attorney General (not the Maryland Bar) of all MSBDE members and Board Staff.

Thank you for your consideration and ask that HB 969 be amended as proposed by the Maryland State Dental Association and given a favorable report.

Sincerely,

Charles A. Doring DDS