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Written Testimony in Support of 2022 HB 968

Expanded Function Dental Assistants

Submitted by Eric Morse, DDS

My name is Dr. Eric Morse and I am submitting written testimony in favor of House Bill 968. I currently practice in Cecil County as a general dentist and am a Regional Director for the Academy of General Dentistry. I am on the Maryland State Dental Association's (MSDA) Legislative Affairs Committee and was appointed chair of the MSDA ad-hoc committee that studied and gave recommendations regarding the expansion of duties for dental assistants.

It is in that previous role that my testimony will focus. My committee was charged to, "study the prescriptive and restricted duties of qualified dental assistants in Maryland and whether revision is necessary to best serve the dental health of Marylanders." Let me first explain the current designations of dental assistants in Maryland.

Dental Assistant (DA) – No formal training required. On the job training permissible.

Dental Assistant Qualified in General Duties (DAQGD) – Certification awarded after required classroom hours and exam passed which allows additional duties to be performed from that of a DA.

Dental Assistant Qualified in Orthodontics (DAQO) – Similar to DAQGD, but in orthodontics.

The committee researched what other states allowed dental assistants to do and how the expansion of those duties in Maryland would help our patients. As the bill states, the four duties we support include the placement of dental sealants, the placement of sodium diamine fluoride, the monitoring of nitrous oxide, and coronal polishing. All of these duties are to be performed under the direct supervision of a dentist. We investigated the educational requirements in other states and consulted with numerous dental assisting schools within Maryland. Many of the dental assisting programs in Maryland already teach these duties because they are within the scope of dental assistants in other states. Currently, there are at least 41 states that allow some level of expanded function for dental assistants beyond what is allowed in Maryland.

The committee consulted numerous other individuals and agencies. We consulted with the Maryland State Board of Dental Examiners, malpractice liability providers, dental specialists, and those in the public health sector. It was the general sense from the public health officials that expanding the duties of trained dental assistants would greatly help dentists treat more patients in these settings. One additional concern by some public health providers in more rural areas was that many expanded function dental assistants (DAQGDs) from Maryland work in neighboring states that allow them to perform more duties and often are compensated better because of it.

I would like to quickly explain the four duties included in this bill. Dental sealants are a protective coating that is placed in the grooves of the teeth to prevent food and plaque from accumulating, therefore helping prevent cavities. Silver diamine fluoride is a medication that is placed on a large cavity

and can stop its progression. This does not fix the cavity or hole in the tooth, but can buy time until further treatment can be performed, if needed. For example, it is often used in pediatric patients or elderly patients where cooperation (2 year old with large cavities) or facility (nursing home) does not allow for easy or immediate treatment with dental fillings. Coronal polishing is the removal of the superficial stain, plaque, or food debris after the calculus/tartar (built-up hard deposits) are removed from the teeth by a dentist or hygienist. Coronal polishing is normally the final step in a dental cleaning or done prior to placing a dental filling so that it can bond to a clean surface. The monitoring of nitrous oxide would allow a dental assistant to do just that, monitor a patient while on nitrous oxide. The dental assistant cannot change concentrations, but could monitor the patient if the dentist had to step out of the room for a couple minutes to see another patient. Currently, if the dentist leaves the room, they must turn off the nitrous oxide and turn it back on once they reenter the room. Multiple dental sedation experts were consulted including the director of the American Society of Dentist Anesthesiologist and agreed that dental assistants with proper training could safely perform this task. In fact, the most common risk with nitrous oxide is the potential for nausea and is made worse by taking a patient on and off the nitrous oxide.

After extensive research into these duties, I fully believe that their addition as allowable duties for dental assistants would be a great step in increasing the care for our patients in Maryland. For the above reasons, I would ask for a favorable report on HB 968.

Thank you,

Eric Morse, DDS