

**10 - SB 335- FIN- Dental Board-Support.pdf**

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Position: FAV



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

**Maryland State Board of Dental Examiners**  
Spring Grove Hospital Center - Benjamin Rush Bldg.  
55 Wade Ave/Tulip Drive  
Catonsville, MD 21228

February 13, 2024

The Honorable Pamela G. Beidle  
Chair, Senate Finance Committee  
3 East Miller Senate Office Building  
11 Bladen Street  
Annapolis, Maryland 21401-1991

Re: SB 335 – Health Occupations – Private Dental Offices – Infection Control - Support

Dear Chair Beidle and Members of the Senate Finance Committee:

The Maryland State Board of Dental Examiners supports SB 335 Health Occupations - Private Dental Offices – Infection Control. The bill requires each private dental office to designate a dentist who is responsible for the office’s adherence to infection control practices. Among the more common and most serious complaints that the Board receives about dentists are allegations of dirty or unsanitary dental offices. On receipt of these complaints, the Board often assigns outside experts in the field of infection control to conduct an unannounced inspection of these practices pursuant to Health Occupations Article, § 4-205(a)(6). While in most cases, the dentist against whom the Board received the complaint is the owner and operator of the practice and present during the inspection, situations may arise where the owner dentist is not present and non-owner/operator dentists and dental hygienists must practice under conditions which may be out of their control, especially with respect to infection control. If there is no licensed dentist ultimately responsible for the coordination of infection control, there is no accountability in the office, resulting in untoward effects upon patients. By way of example, and not by way of limitation, if an office has not taken adequate measures for spore testing, dentists and dental hygienists may be using unsterilized instruments. If waterlines and surfaces are not adequately cleaned throughout the office, patient safety is compromised. So too with hand instruments.

Based on the above, the Board believes that to properly protect the public from an unsanitary practice, a specific licensed dentist should have overall responsibility for infection control in the

office, especially in offices where non-owner/operator dentists and dental hygienists practice in multiple operatories and have limited authority to enact policies and practices to ensure compliance with CDC guidelines. The bill would require that an individual be assigned responsibility for coordinating the infection control program. In fact, the Board has been advised by some non-owner dentists that their office lacks proper PPE and that they are not authorized to place orders themselves.

The Board notes that it anticipates charging a fee only for the change of registration for a supervising dentist. The original filing will be without a charge and that information will be captured either on an initial license application, a renewal application, or a document associated with the applications.

For these reasons, the Dental Board requests that SB 335 receive a favorable report.

I hope that this information is helpful. If you would like to discuss this further, please contact me at 410-294-9900, [rwindsor@umaryland.edu](mailto:rwindsor@umaryland.edu), or Dr. Edwin Morris, the Board's Legislative Committee Chair at 410-218-4203.

The opinion of the Maryland State Board of Dental Examiners expressed in this support position does not necessarily reflect that of the Department of Health or the administration.

Sincerely,

**Robert R. Windsor**

Robert R. Windsor, D.D.S.  
Board President

# **Oppose SB 335.pdf**

Uploaded by: Mark Meyerovich

Position: UNF

# Oppose SB 335

Dear Chair and members of the committee,

As a frequent user of dental services, I visited multiple offices of different dental specialties over many years. I can vouch for cleanliness and adherence to the best infection prevention practices in such offices. Moreover, I trust the dentist's education and experience to do everything in their power to prevent even slightest infections without undue hardship to the patient.

There is no reason to force upon hard-working dentists an authority and financial obligation of some secretive board, following arbitrary guidelines of some politically-motivated government agency. The dentists are the most educated and experienced members of the society, and do not need external "guidance" for a practice that is one of the core areas of their expertise.

Maryland citizens can expect no measurable benefit from this policy. It can only strive to achieve a more of a top-down bureaucratic control and government interference in private business and citizen matters.

Please vote unfavorably.

Sincerely,  
Mark Meyerovich  
Gaithersburg, MD  
District 15