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Health and Government Operations  
Committee  
Subcommittees

Health Occupations and Long-Term Care

Public Health and  
Minority Health Disparities



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THE MARYLAND HOUSE OF DELEGATES  
ANNAPOLIS, MARYLAND 21401

February 13, 2024

**HB499 - Health Occupations - Private Dental Offices - Infection Control**

Good afternoon Madame Chair, Vice Chair, and members of the Health and Government Operations Committee. Thank you for the opportunity to present House Bill 499.

Dental infection control protocol as currently established in statute is a process that works well *in most instances*. Dentists who put patients at a greater risk of infection by violating infection control protocol are subject to disciplinary action from the Board of Dental Examiners. When protocol is broken and easily attributed to a certain dentist in an office, such as a particular dentist failing to wash their hands, the Board has a clear line of accountability: they will discipline the dentist who violated the protocol.

There are some instances, however, where the accountable party is less clear. Who should the Board discipline if a dental facility's pipes are contaminated, or if machines related to infection control are faulty? When a dental office has larger structural issues not easily attributed to a single dentist, current statute does not offer a clear chain of accountability, leading to an arduous process for both the Board and the dental office to determine who is responsible.

HB499 offers a solution by requiring a supervising dentist for dental offices. This dentist will be responsible for broad-scale infection control infractions in a given office when those infractions are structural in nature. They will be required to register with the Board, creating a clear point of accountability in instances where structural deficiencies in an office contributed to infection control violations. Having such accountability is vital in addressing adverse practices, to ensure infection control concerns are rectified quickly, fully, and efficiently..

Some stakeholders have expressed concerns that the bill as written is too broad for the intended scope, and would create a framework under which a supervising dentist could be held accountable for *all* infection control violations in an office instead of broader office-wide violations. We have also heard concerns about the three-office limit for supervisors, and are working with stakeholders on amendments to ensure that the impact of the bill remains limited to creating accountability for office-scale infection control infractions.

Creating clearer accountability in infection control will assist in quickly correcting deficiencies and aid in the protection of our constituents. I respectfully ask for a favorable report on House Bill 499.