

# SENATE BILL 988

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CF HB 1143

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By: **Senator Lam**

Introduced and read first time: January 28, 2025

Assigned to: Finance

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## A BILL ENTITLED

1 AN ACT concerning

2 **Dental Services – Dental Hygienists in Schools and School–Based Health**  
3 **Centers and the Maryland Collaborative to Improve Children’s Oral Health**  
4 **Through School–Based Programs**

5 FOR the purpose of providing that a general license to practice dental hygiene authorizes  
6 the licensee to practice dental hygiene under the general supervision of a dentist in  
7 a school or school–based health center; establishing the Maryland Collaborative to  
8 Improve Children’s Oral Health Through School–Based Programs to study and make  
9 recommendations on ways to improve school–based dental programs; and generally  
10 relating to dental services.

11 BY repealing and reenacting, with amendments,  
12 Article – Health Occupations  
13 Section 4–308(f)(1)  
14 Annotated Code of Maryland  
15 (2021 Replacement Volume and 2024 Supplement)

16 BY adding to  
17 Article – Health Occupations  
18 Section 4–308(n)  
19 Annotated Code of Maryland  
20 (2021 Replacement Volume and 2024 Supplement)

21 Preamble

22 WHEREAS, The death of Deamonte Driver, a 12–year–old insured under the  
23 Maryland Medical Assistance Program, from a tooth abscess on February 25, 2007,  
24 triggered a call to action in public health; and

25 WHEREAS, In response to Deamonte Driver’s death, the Maryland Department of  
26 Health, oral health advocates, the dental provider community, and the health care

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 community collaborated to advance significant systemic improvements for access to dental  
2 services for all children, including children in underserved communities in the State; and

3 WHEREAS, Access to dental services for children covered by the Maryland Medical  
4 Assistance Program improved steadily between 2008 and 2015 with the percentage of  
5 children receiving preventive services rising from 50.1% to 64%; and

6 WHEREAS, Access to dental services for children covered by the Maryland Medical  
7 Assistance Program remained steady between 2016 and 2019, with 63% to 64% of children  
8 receiving preventive services; and

9 WHEREAS, Access to dental services for children covered by the Maryland Medical  
10 Assistance Program plummeted with the onset of the COVID–19 pandemic and has yet to  
11 recover, with only 56.5% of children receiving preventive dental services in 2023; and

12 WHEREAS, The 2022–2023 Children’s Oral Health Survey conducted by the  
13 Maryland Department of Health demonstrated that 21% of children had untreated dental  
14 decay, with Hispanic children having the highest prevalence of untreated decay at 30% and  
15 the Western region of the State with the highest prevalence at 27%; and

16 WHEREAS, The 2022–2023 Children’s Oral Health Survey conducted by the  
17 Maryland Department of Health demonstrated that 51% of Maryland’s school children  
18 needed sealants, with Black children at the highest prevalence of need at 60% and the  
19 Western region of the State with the highest sealant need at 72%; and

20 WHEREAS, Children in the State need public health action to improve access to  
21 dental services to avoid serious long–term health consequences; and

22 WHEREAS, School–based dental programs offer the potential to provide preventive  
23 and screening services and linkages to permanent dental homes for children in every  
24 Maryland community; now, therefore,

25 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,  
26 That the Laws of Maryland read as follows:

### 27 **Article – Health Occupations**

28 4–308.

29 (f) (1) Except as provided in subsection (k) of this section, while it is effective,  
30 a general license to practice dental hygiene issued under this title authorizes the licensee  
31 to practice dental hygiene:

32 (i) Under the supervision of a licensed dentist who is:

33 1. On the premises and available for personal consultation  
34 while the services are being performed; or



1           (6)    the Chair of the Maryland Community Health Resources Commission,  
2 or the Chair's designee; and

3           (7)    the following members, appointed by the Secretary of Health:

4           (i)     one representative of the Maryland Medical Assistance Program;

5           (ii)    one representative of the Maryland Association of School Health  
6 Nurses;

7           (iii)  one representative of the Maryland Assembly of School-Based  
8 Health Care;

9           (iv)   one representative of the Maryland Dental Action Coalition;

10          (v)     one representative of the Maryland Dental Hygienists'  
11 Association;

12          (vi)   one representative of the Maryland State Dental Association;

13          (vii)  one representative of a federally qualified health center that  
14 manages a school-based dental program;

15          (viii) one representative of the Maryland Association of Boards of  
16 Education;

17          (ix)   one representative of the Public School Superintendents'  
18 Association of Maryland; and

19          (x)     one representative of the National Maternal and Child Health  
20 Resource Center.

21          (c)     The Secretary of Health shall designate the chair of the Collaborative.

22          (d)     The Maryland Department of Health shall provide staff for the Collaborative.

23          (e)     A member of the Collaborative:

24           (1)     may not receive compensation as a member of the Collaborative; but

25           (2)     is entitled to reimbursement for expenses under the Standard State  
26 Travel Regulations, as provided in the State budget.

27          (f)     The Collaborative shall study and make recommendations to improve the oral  
28 health of children in the State through school-based dental programs by analyzing the  
29 impact of:

1 (1) supporting schools and community dental partners in linking families  
2 and children to permanent dental facilities;

3 (2) increasing the number of dental hygienists providing school-based  
4 services through policy initiatives, including grant support for services for uninsured  
5 children and Medicaid reimbursement of dental hygienists who render dental services;

6 (3) authorizing school nurses to provide fluoride varnishes among other  
7 clinically appropriate services by modifying school health guidelines and providing  
8 reimbursement through the Maryland Medical Assistance Program;

9 (4) expanding the capacity of school-based health centers to provide dental  
10 services; and

11 (5) other innovative models for providing dental services to children in  
12 schools.

13 (g) The Collaborative may consult with any other individual or organization with  
14 expertise in school-based dental programs.

15 (h) (1) On or before December 1, 2025, the Collaborative shall submit an  
16 interim report of its findings and recommendations to the Governor and, in accordance with  
17 § 2-1257 of the State Government Article, the General Assembly.

18 (2) On or before October 1, 2026, the Collaborative shall submit a final  
19 report of its findings and recommendations to the Governor and, in accordance with §  
20 2-1257 of the State Government Article, the General Assembly.

21 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect July  
22 1, 2025. Section 2 of this Act shall remain effective for a period of 2 years and, at the end of  
23 June 30, 2027, Section 2 of this Act, with no further action required by the General  
24 Assembly, shall be abrogated and of no further force and effect.