The Maryland Association of Boards of Education (MABE) opposes House Bill 15.

Local boards of education appreciate the importance of dental health in the lives of our nearly 1 million students. However, MABE does not support the requirement that schools collect a dental health certificate from all students as an appropriate manner in which to administer or oversee the provision of dental health services.

Local school systems are actively engaged in promoting and advancing the health of our students through a number of programs. However, these programs and standards typically relate to services that can reasonably be provided through outside providers on school premises, such as vision screening, or involve communicable diseases addressed through vaccination requirements linked to school admission. Other significant student health issues may be addressed through legislation governing students with chronic conditions such as diabetes or sickle cell disease. MABE has often supported legislative initiatives in these student health areas.

By contrast, this legislation would establish a new dental health certificate, and require schools to implement an information gathering and record keeping system, without any clear connection to the provision of dental health services. MABE is especially concerned about the extremely broad and vague scope of regulatory authority provided to the Maryland State Department of Education (MSDE), in consultation with the Maryland Department of Health (MDH), to adopt regulations to establish standards for periodic dental examinations.

As the Fiscal and Policy note states: “The number and type of additional dental visits made by students enrolled in Medicaid and MCHP under the bill are largely dependent on the regulations developed by MSDE and MDH.” MABE believes that while this assessment is accurate, it reveals the underlying problem of establishing a statewide dental health services standard through a reporting system administered by public schools, without determining the potential impacts of regulations. In addition, it is arguably not in the purview of MSDE, but rather MDH, to establish such standards.

MABE certainly recognizes the importance of the State’s continued efforts to ensure that children are receiving dental health services. Although the overwhelming majority of students do receive routine dental care, problematic gaps in coverage do exist. Local boards of education look forward to opportunities to advance efforts to close these gaps, without the requirements provided by this legislation, and the potential for regulations which would likely impose additional public health service requirements on schools.

For these reasons, MABE requests an unfavorable report on House Bill 15.