Improving Children's Oral Health Through School-Based Programs

Findings and Recommendations

Chapter 753, the Acts of 2025

Maryland Collaborative to Improve Children's Oral Health Through School–Based Programs

Interim Report
December 2025

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Overview

House Bill 1143, Chapter 753 of the Acts of 2025, established the Maryland Collaborative to Improve Children's Oral Health Through School-Based Programs (the Collaborative). The Collaborative, staffed by the Maryland Department of Health (MDH), is required to study and make recommendations to improve the oral health of children in the State through school–based oral health programs. Specifically, the Collaborative is directed to analyze the impact of:

- supporting schools and community dental partners in linking families and children to permanent dental facilities;
- increasing the number of dental hygienists providing school–based services through policy initiatives, including grant support for services for uninsured children and Medicaid reimbursement of dental hygienists who render dental services;
- authorizing school nurses to provide fluoride varnishes among other clinically appropriate services by modifying school health guidelines and providing reimbursement through the Maryland Medical Assistance Program;
- expanding the capacity of school–based health centers to provide dental services;
- clarifying the law governing the practice of dental hygienists in school settings to reduce confusion among practitioners and school–based programs; and
- other innovative models for providing dental services to children in schools.

The legislation also requires the Collaborative to submit an interim report of its findings and recommendations to the Governor and General Assembly by December 1, 2025, and a final report of its findings and recommendations to the same entities by October 1, 2026. This report serves as the Collaborative's interim report and outlines the progress the Collaborative has made in the time since meetings officially began in October of 2025.

Membership

The Collaborative has 20 seats. The Secretary of Health appointed Dr. Traci Jones PhD, MS, RN, PCE, NCSN, who has over 20 years of experience leading school health programs, as Chair. Collaborative members are listed below. As of October 21, 2025, there are five (5) vacancies.

Maryland Collaborative to Improve Children's Oral Health Through School-Based Programs Membership	
Member of the Senate appointed by the President of the Senate *Vacant*	**Secretary of Health or designee** *Jamie Perry, MD, MPH (designee)*
Member of the Senate appointed by the President of the Senate *Vacant*	**Secretary of Education, or designee** *Walter Sallee (designee)*

Maryland Collaborative to Improve Children's Oral Health Through School-Based Programs Membership	
Member of the House of Delegates appointed by the Speaker of the House *Del. Heather Bagnall*	**Deputy Secretary of Public Health Services, or designee** *Debony Hughes, DDS (designee)*
Member of the House of Delegates appointed by the Speaker of the House *Del. Teresa Woorman*	**Chair of the Maryland Community Health Resources Commission, or designee** *Roberta (Robbie) Miles Loker (designee)*
Representative of the Maryland Medical Assistance Program *Linda Rittelman, MHA, MBA*	**Representative of the Maryland Dental Society** *Vacant*
Representative of the Maryland Association of School Health Nurses *Traci Jones, PhD, MS, RN, PCE, NCSN*	**Representative of the State Board of Dental Examiners** *Deborah Cartee, RDH, MS*
Representative of the Maryland Assembly on School-Based Health Care *Sarah Lindsay Czyz*	**Representative of a federally qualified health center that manages a school–based dental program** *Vacant*
Representative of the Maryland Dental Action Coalition *Arin Ahlum Hanson, MPH*	**Representative of the Maryland Association of Boards of Education** *Rodney Glotfelty, MPH*
Representative of the Maryland Dental Hygienists Association *Vacant*	**Representative of the Public School Superintendents' Association of Maryland** *Tracy King*
Representative of the Maryland State Dental Association *Thiruvanamalai Sivakumar, DDS*	**Representative of the National Maternal and Child Health Resource Center** *Katy Battani*

Collaborative Progress and Activities

The Maryland Collaborative to Improve Children's Oral Health Through School–Based Programs was established during the 2025 Maryland General Assembly session in response to concerns about children's access to oral health care. The Collaborative builds on nearly two decades of public health work.

Recent findings from the 2022–2023 Children's Oral Health Survey[1] not only underscore the need to increase access to care, but also highlight the need to address racial, ethnic, and geographic inequity in children's oral health care experiences. The survey revealed that 21% of Maryland children had untreated tooth decay, with the highest rates among children from low-income households (33%), Hispanic children (30%), and in the Western region of the state (27%). It also found that 51% of Maryland's school children

[1] Maryland Department of Health, Office of Oral Health. (2024). 2022–2023 Children's oral health survey: School survey summary. https://health.maryland.gov/phpa/oralhealth/Documents/SchoolSurveySummary2023.pdf

needed dental sealants, a highly effective cavity prevention treatment that can be administered in schools. The need for dental sealants is significantly higher among Black children (60%) and children in Western Maryland (72%). These disparities highlight the importance of reaching children directly where they are—at school.

The Collaborative has held two meetings to date. In the first two meetings, October 21 and November 18, 2025, the Collaborative established leadership under Dr. Traci Jones; covered required information regarding members' duties and responsibilities as members of a state-appointed Collaborative; reviewed preliminary research findings; discussed Collaborative infrastructure and a reliable research-gathering framework; and reviewed and approved its interim report to the General Assembly. The Collaborative discussed challenges that exist amid ongoing shifts in federal public health funding and uncertainty impacting public health infrastructure locally and nationwide. The Collaborative agreed that its recommendations to the Maryland General Assembly would be based on reliable data and that this will require research to create a structured research-gathering framework to provide an information-rich basis upon which it can conduct analysis, draw conclusions, and provide recommendations. Members volunteered to begin to research key areas, such as school-based dental sealant programs and the laws governing the practice of dental hygienists in school settings. Considering the urgency of its work, the Collaborative decided to convene monthly for structured 90-minute working sessions to accelerate strategy development and ensure continuous engagement, collaboration, and coordination. Upcoming meetings will focus on establishing a structured workplan and timeline, and conducting targeted research as well as thorough analysis in order to deepen the Collaborative's understanding of the current landscape of oral health care access for children through school-based programs.

Early discussions and landscape review confirm that preventable oral health conditions remain a leading driver of school absenteeism,[2,3] academic performance,[4] concentration, speech development, nutrition, self-esteem, and school readiness among Maryland children. Collaborative members emphasized that the lack of access to oral health care affects both dental and overall health, contributing to chronic conditions such as diabetes. The Collaborative also noted that its work extends beyond access to care, addressing broader concerns about health equity in Maryland.

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[2] Ruff RR, Senthi S, Susser SR, Tsutsui A. Oral health, academic performance, and school absenteeism in children and adolescents: A systematic review and meta-analysis. J Am Dent Assoc. 2019 Feb;150(2):111-121.e4. doi: 10.1016/j.adaj.2018.09.023. Epub 2018 Nov 23. PMID: 30473200.

[3] Gopalan T, Asokan S, John JB, Geetha Priya PR. School absenteeism, academic performance, and self-esteem as proxy measures of oral health status: A cross-sectional study. J Indian Soc Pedod Prev Dent. 2018 Oct-Dec;36(4):339-346. doi: 10.4103/JISPPD.JISPPD_217_18. PMID: 30324922.

[4] Seirawan H, Faust S, Mulligan R. The impact of oral health on the academic performance of disadvantaged children. Am J Public Health. 2012 Sep;102(9):1729-34. doi: 10.2105/AJPH.2011.300478. Epub 2012 Jul 19. PMID: 22813093; PMCID: PMC3482021.

The Collaborative identified variation in access to school-based oral health services across Maryland, particularly where local health infrastructure or provider availability is limited. The Collaborative will consider the potential to integrate programs with existing school-based health centers, including school nurses, and chronic disease prevention efforts, among other strategies, which may offer a high-value pathway to improve student outcomes. The Collaborative also began discussing the current workload and certification challenges placed on school nurses in Maryland and how this can potentially impact the future recommendations of the group.

In the months ahead, the Collaborative will review research and best practices on children's access to oral health services through school-based programs. It will examine health studies, regulations, and models from other jurisdictions to inform recommendations for Maryland. This review will include assessing current resources and programs, identifying regulatory and statutory barriers and supports, and evaluating funding options for program expansion. The Collaborative will also consider legislative or policy actions to improve access. Through discussion, it will develop robust policy recommendations intended to advance this work.

Conclusion

The Collaborative recognizes that changes in federal policy and variability in medical assistance funding may affect long-term planning. Despite these challenges, it remains committed to identifying ways to improve children's oral health services and promote health equity.