

SENATE
STATE OF MINNESOTA
EIGHTY-EIGHTH SESSION

S.F. No. 2123

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DATE	D-PG	OFFICIAL STATUS
03/03/2014	5914	Introduction and first reading Referred to Health, Human Services and Housing

A bill for an act

1.1 relating to oral health; adding dental therapists and advanced dental therapists to
 1.2 the health professional education loan forgiveness program; covering basic dental
 1.3 screenings performed by dental therapists or dental hygienists in collaborative
 1.4 practices; covering oral health services provided by telehealth; amending
 1.5 Minnesota Statutes 2012, sections 144.1501, subdivisions 1, 2, 3; 256B.0625,
 1.6 subdivision 14, by adding a subdivision.
 1.7

1.8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.9 Section 1. Minnesota Statutes 2012, section 144.1501, subdivision 1, is amended to read:

1.10 Subdivision 1. **Definitions.** (a) For purposes of this section, the following definitions
 1.11 apply.

1.12 (b) "Dentist" means an individual who is licensed to practice dentistry.

1.13 (c) "Designated rural area" means an area defined as a small rural area or isolated rural
 1.14 area according to the four category classifications of the Rural Urban Commuting Area
 1.15 system developed for the United States Health Resources and Services Administration.

1.16 (d) "Emergency circumstances" means those conditions that make it impossible for
 1.17 the participant to fulfill the service commitment, including death, total and permanent
 1.18 disability, or temporary disability lasting more than two years.

1.19 (e) "Medical resident" means an individual participating in a medical residency in
 1.20 family practice, internal medicine, obstetrics and gynecology, pediatrics, or psychiatry.

1.21 (f) "Midlevel practitioner" means a nurse practitioner, nurse-midwife, nurse
 1.22 anesthetist, advanced clinical nurse specialist, or physician assistant.

1.23 (g) "Nurse" means an individual who has completed training and received all
 1.24 licensing or certification necessary to perform duties as a licensed practical nurse or
 1.25 registered nurse.

2.1 (h) "Nurse-midwife" means a registered nurse who has graduated from a program of
2.2 study designed to prepare registered nurses for advanced practice as nurse-midwives.

2.3 (i) "Nurse practitioner" means a registered nurse who has graduated from a program
2.4 of study designed to prepare registered nurses for advanced practice as nurse practitioners.

2.5 (j) "Pharmacist" means an individual with a valid license issued under chapter 151.

2.6 (k) "Physician" means an individual who is licensed to practice medicine in the areas
2.7 of family practice, internal medicine, obstetrics and gynecology, pediatrics, or psychiatry.

2.8 (l) "Physician assistant" means a person licensed under chapter 147A.

2.9 (m) "Qualified educational loan" means a government, commercial, or foundation
2.10 loan for actual costs paid for tuition, reasonable education expenses, and reasonable living
2.11 expenses related to the graduate or undergraduate education of a health care professional.

2.12 (n) "Underserved urban community" means a Minnesota urban area or population
2.13 included in the list of designated primary medical care health professional shortage areas
2.14 (HPSAs), medically underserved areas (MUAs), or medically underserved populations
2.15 (MUPs) maintained and updated by the United States Department of Health and Human
2.16 Services.

2.17 (o) "Dental therapist" means a dental therapist licensed under section 150A.105.

2.18 (p) "Advanced dental therapist" means an advanced dental therapist certified under
2.19 section 150A.106.

2.20 Sec. 2. Minnesota Statutes 2012, section 144.1501, subdivision 2, is amended to read:

2.21 Subd. 2. **Creation of account.** (a) A health professional education loan forgiveness
2.22 program account is established. The commissioner of health shall use money from the
2.23 account to establish a loan forgiveness program:

2.24 (1) for medical residents agreeing to practice in designated rural areas or underserved
2.25 urban communities or specializing in the area of pediatric psychiatry;

2.26 (2) for midlevel practitioners agreeing to practice in designated rural areas or to
2.27 teach at least 12 credit hours, or 720 hours per year in the nursing field in a postsecondary
2.28 program at the undergraduate level or the equivalent at the graduate level;

2.29 (3) for nurses who agree to practice in a Minnesota nursing home or intermediate
2.30 care facility for persons with developmental disability or to teach at least 12 credit hours,
2.31 or 720 hours per year in the nursing field in a postsecondary program at the undergraduate
2.32 level or the equivalent at the graduate level;

2.33 (4) for other health care technicians agreeing to teach at least 12 credit hours, or 720
2.34 hours per year in their designated field in a postsecondary program at the undergraduate
2.35 level or the equivalent at the graduate level. The commissioner, in consultation with

3.1 the Healthcare Education-Industry Partnership, shall determine the health care fields
 3.2 where the need is the greatest, including, but not limited to, respiratory therapy, clinical
 3.3 laboratory technology, radiologic technology, and surgical technology;

3.4 (5) for pharmacists who agree to practice in designated rural areas; ~~and~~

3.5 (6) for dentists agreeing to deliver at least 25 percent of the dentist's yearly patient
 3.6 encounters to state public program enrollees or patients receiving sliding fee schedule
 3.7 discounts through a formal sliding fee schedule meeting the standards established by
 3.8 the United States Department of Health and Human Services under Code of Federal
 3.9 Regulations, title 42, section 51, chapter 303; and

3.10 (7) for dental therapists or advanced dental therapists.

3.11 (b) Appropriations made to the account do not cancel and are available until
 3.12 expended, except that at the end of each biennium, any remaining balance in the account
 3.13 that is not committed by contract and not needed to fulfill existing commitments shall
 3.14 cancel to the fund.

3.15 Sec. 3. Minnesota Statutes 2012, section 144.1501, subdivision 3, is amended to read:

3.16 Subd. 3. **Eligibility.** (a) To be eligible to participate in the loan forgiveness program,
 3.17 an individual must:

3.18 (1) be a medical or dental resident, a licensed pharmacist or be enrolled in a dentist,
 3.19 dental therapist, advanced dental therapist, midlevel practitioner, registered nurse, or a
 3.20 licensed practical nurse training program; and

3.21 (2) submit an application to the commissioner of health. If fewer applications are
 3.22 submitted by dental students or residents than there are dentist participant slots available,
 3.23 the commissioner may consider applications submitted by dental program graduates
 3.24 who are licensed dentists.

3.25 (b) An applicant selected to participate must sign a contract to agree to serve a
 3.26 minimum three-year full-time service obligation according to subdivision 2, which shall
 3.27 begin no later than March 31 following completion of required training.

3.28 Sec. 4. Minnesota Statutes 2012, section 256B.0625, subdivision 14, is amended to read:

3.29 Subd. 14. **Diagnostic, screening, and preventive services.** (a) Medical assistance
 3.30 covers diagnostic, screening, and preventive services.

3.31 (b) "Preventive services" include services related to pregnancy, including:

3.32 (1) services for those conditions which may complicate a pregnancy and which may
 3.33 be available to a pregnant woman determined to be at risk of poor pregnancy outcome;

3.34 (2) prenatal HIV risk assessment, education, counseling, and testing; and

4.1 (3) alcohol abuse assessment, education, and counseling on the effects of alcohol
 4.2 usage while pregnant. Preventive services available to a woman at risk of poor pregnancy
 4.3 outcome may differ in an amount, duration, or scope from those available to other
 4.4 individuals eligible for medical assistance.

4.5 (c) "Screening services" include, but are not limited to:

4.6 (1) blood lead tests; and

4.7 (2) oral health screenings conducted by a licensed dental provider in collaborative
 4.8 practice under section 150A.10, subdivision 1a, or 150A.106, to determine an enrollee's
 4.9 need to be seen by a dentist for diagnosis and assessment to identify possible signs
 4.10 of oral or systemic disease, malformation, or injury, and the potential need for referral
 4.11 for diagnosis and treatment. This clause includes oral health screenings conducted by a
 4.12 licensed dental provider as part of a state or federally mandated screening.

4.13 (d) The commissioner shall encourage, at the time of the child and teen checkup or
 4.14 at an episodic care visit, the primary care health care provider to perform primary caries
 4.15 preventive services. Primary caries preventive services include, at a minimum:

4.16 (1) a general visual examination of the child's mouth without using probes or other
 4.17 dental equipment or taking radiographs;

4.18 (2) a risk assessment using the factors established by the American Academies
 4.19 of Pediatrics and Pediatric Dentistry; and

4.20 (3) the application of a fluoride varnish beginning at age one to those children
 4.21 assessed by the provider as being high risk in accordance with best practices as defined by
 4.22 the Department of Human Services. The provider must obtain parental or legal guardian
 4.23 consent before a fluoride varnish is applied to a minor child's teeth.

4.24 At each checkup, if primary caries preventive services are provided, the provider must
 4.25 provide to the child's parent or legal guardian: information on caries etiology and
 4.26 prevention; and information on the importance of finding a dental home for their child
 4.27 by the age of one. The provider must also advise the parent or legal guardian to contact
 4.28 the child's managed care plan or the Department of Human Services in order to secure a
 4.29 dental appointment with a dentist. The provider must indicate in the child's medical record
 4.30 that the parent or legal guardian was provided with this information and document any
 4.31 primary caries prevention services provided to the child.

4.32 Sec. 5. Minnesota Statutes 2012, section 256B.0625, is amended by adding a
 4.33 subdivision to read:

4.34 Subd. 64. **Oral health telehealth.** Medical assistance covers dental and oral health
 4.35 services that are otherwise covered by medical assistance as direct face-to-face services

5.1 provided via telecommunications equipment, including, but not limited to, store and
5.2 forward technology. Reimbursement is at the same rates and under the same requirements
5.3 that would otherwise apply to the service.

5.4 **EFFECTIVE DATE.** This section is effective January 1, 2015, or upon federal
5.5 approval, whichever is later, and applies to services provided after the effective date.