State of Minnesota

HOUSE OF REPRESENTATIVES

NINETIETH SESSION

H. F. No. 1712

02/27/2017 Authored by Pierson, Zerwas, Schultz, Albright and Halverson
The bill was read for the first time and referred to the Committee on Health and Human Services Reform
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Read for the Second Time

A bill for an act

relating to health occupations; modifying the requirements for collaborative community dental hygiene services; establishing requirements for collaborative community dental assisting services; amending Minnesota Statutes 2016, sections 150A.10, subdivision 1a, by adding a subdivision; 150A.105, subdivision 8.

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

Section 1. Minnesota Statutes 2016, section 150A.10, subdivision 1a, is amended to read:

Subd. 1a. **~~Limited~~ Collaborative practice authorization for dental hygienists in community settings.** (a) Notwithstanding subdivision 1, a dental hygienist licensed under this chapter may be employed or retained by a health care facility, program, or nonprofit organization to perform the dental hygiene services ~~described under paragraph (b)~~ listed in Minnesota Rules, part 3100.8700, subpart 1, without the patient first being examined by a licensed dentist if the dental hygienist:

~~(1) has been engaged in the active practice of clinical dental hygiene for not less than 2,400 hours in the past 18 months or a career total of 3,000 hours, including a minimum of 200 hours of clinical practice in two of the past three years;~~

~~(2)~~ (1) has entered into a collaborative agreement with a licensed dentist that designates authorization for the services provided by the dental hygienist; and

~~(3)~~ (2) has documented ~~participation in courses in infection control and~~ completion of a course on medical emergencies within each continuing education cycle~~; and~~.

~~(4) maintains current CPR certification from completion of the American Heart Association healthcare provider course or the American Red Cross professional rescuer course.~~

~~(b) The dental hygiene services authorized to be performed by a dental hygienist under this subdivision are limited to:~~

~~(1) oral health promotion and disease prevention education;~~

~~(2) removal of deposits and stains from the surfaces of the teeth;~~

~~(3) application of topical preventive or prophylactic agents, including fluoride varnishes and pit and fissure sealants;~~

~~(4) polishing and smoothing restorations;~~

~~(5) removal of marginal overhangs;~~

~~(6) performance of preliminary charting;~~

~~(7) taking of radiographs; and~~

~~(8) performance of scaling and root planing.~~

~~The dental hygienist may administer injections of local anesthetic agents or nitrous oxide inhalation analgesia as specifically delegated in the collaborative agreement with a licensed dentist. The dentist need not first examine the patient or be present. If the patient is considered medically compromised, the collaborative dentist shall review the patient record, including the medical history, prior to the provision of these services. Collaborating dental hygienists may work with unlicensed and licensed dental assistants who may only perform duties for which licensure is not required. The performance of dental hygiene services in a health care facility, program, or nonprofit organization as authorized under this subdivision is limited to patients, students, and residents of the facility, program, or organization.~~

~~(c)~~ (b) A collaborating dentist must be licensed under this chapter and may enter into a collaborative agreement with no more than four dental hygienists unless otherwise authorized by the board. The board shall develop parameters and a process for obtaining authorization to collaborate with more than four dental hygienists. The collaborative agreement must include:

(1) consideration for medically compromised patients and medical conditions for which a dental evaluation and treatment plan must occur prior to the provision of dental hygiene services;

(2) age- and procedure-specific standard collaborative practice protocols, including recommended intervals for the performance of dental hygiene services and a period of time in which an examination by a dentist should occur;

(3) copies of consent to treatment form provided to the patient by the dental hygienist;

(4) specific protocols for the placement of pit and fissure sealants and requirements for follow-up care to assure the efficacy of the sealants after application; and

(5) ~~a procedure for creating and maintaining dental records for the patients that are treated by the dental hygienist. This procedure must specify where these records are to be located.~~ the procedure for creating and maintaining dental records for patients who are treated by the dental hygienist under Minnesota Rules, part 3100.9600, including specifying where records will be located.

The collaborative agreement must be signed and maintained by the dentist, the dental hygienist, and the facility, program, or organization; must be reviewed annually by the collaborating dentist and dental hygienist~~;~~ and must be made available to the board upon request.

~~(d)~~ (c) Before performing any services authorized under this subdivision, a dental hygienist must provide the patient with a consent to treatment form which must include a statement advising the patient that the dental hygiene services provided are not a substitute for a dental examination by a licensed dentist. ~~If the dental hygienist makes any referrals to the patient for further dental procedures, the dental hygienist must fill out a referral form and provide a copy of the form to the collaborating dentist.~~ When the patient requires a referral for additional dental services, the dental hygienist shall complete a referral form and provide a copy to the patient, the facility, if applicable, the dentist to whom the patient is being referred, and the collaborating dentist, if specified in the collaborative agreement. A copy of the referral form shall be maintained in the patient's health care record. The patient does not become a new patient of record of the dentist to whom the patient was referred until the dentist accepts the patient for follow-up services after referral from the dental hygienist.

~~(e)~~ (d) For the purposes of this subdivision, a "health care facility, program, or nonprofit organization" ~~is limited to~~ includes a hospital; nursing home; home health agency; group home serving the elderly, disabled, or juveniles; state-operated facility licensed by the commissioner of human services or the commissioner of corrections; and federal, state, or local public health facility, community clinic, tribal clinic, school authority, Head Start program, or nonprofit organization that serves individuals who are uninsured or who are Minnesota health care public program recipients.

~~(f)~~ (e) For purposes of this subdivision, a "collaborative agreement" means a written agreement with a licensed dentist who authorizes and accepts responsibility for the services performed by the dental hygienist. ~~The services authorized under this subdivision and the~~

~~collaborative agreement may be performed without the presence of a licensed dentist and may be performed at a location other than the usual place of practice of the dentist or dental hygienist and without a dentist's diagnosis and treatment plan, unless specified in the collaborative agreement.~~

Sec. 2. Minnesota Statutes 2016, section 150A.10, is amended by adding a subdivision to read:

Subd. 2a. **Collaborative practice authorization for dental assistants in community settings.** (a) Notwithstanding subdivision 2, a dental assistant licensed under this chapter may be employed or retained by a health care facility, program, or nonprofit organization as defined in subdivision 1a to perform the dental assisting services described in paragraph (b) without the patient first being examined by a licensed dentist, without a dentist's diagnosis or treatment plan, and without the dentist being present at the location where services are being performed, if:

(1) the dental assistant has entered into a collaborative agreement with a licensed dentist, which must be part of a collaborative agreement established between a licensed dentist and a dental hygienist under subdivision 1a, that designates authorization for the services provided by the dental assistant; and

(2) the dental assistant has documented completion of a course on medical emergencies within each continuing education cycle.

(b) A dental assistant operating under general supervision of a collaborating dentist under this subdivision is authorized to perform the following services:

(1) provide oral health promotion and disease prevention education;

(2) take vital signs such as pulse rate and blood pressure;

(3) obtain informed consent, according to Minnesota Rules, part 3100.9600, subpart 9, for treatments authorized by the collaborating dentist within the licensed dental assistant's scope of practice;

(4) apply topical preventative agents, including fluoride varnishes and pit and fissure sealants;

(5) perform mechanical polishing to clinical crowns not including instrumentation;

(6) complete preliminary charting of the oral cavity and surrounding structures, except periodontal probing and assessment of the periodontal structure;

(7) take photographs extraorally or intraorally; and

(8) take radiographs.

(c) A collaborating dentist must be licensed under this chapter and may enter into a collaborative agreement with no more than two licensed dental assistants, unless otherwise authorized by the board. The board shall develop a process and parameters for obtaining authorization to collaborate with more than two licensed dental assistants. The collaborative agreement must include the elements listed in subdivision 1a, paragraph (b).

Sec. 3. Minnesota Statutes 2016, section 150A.105, subdivision 8, is amended to read:

Subd. 8. **Definitions.** (a) For the purposes of this section, the following definitions apply.

(b) "Practice settings that serve the low-income and underserved" mean:

(1) critical access dental provider settings as designated by the commissioner of human services under section 256B.76, subdivision 4;

(2) dental hygiene collaborative practice settings identified in section 150A.10, subdivision 1a, paragraph ~~(c)~~ (d), and including medical facilities, assisted living facilities, federally qualified health centers, and organizations eligible to receive a community clinic grant under section 145.9268, subdivision 1;

(3) military and veterans administration hospitals, clinics, and care settings;

(4) a patient's residence or home when the patient is home-bound or receiving or eligible to receive home care services or home and community-based waivered services, regardless of the patient's income;

(5) oral health educational institutions; or

(6) any other clinic or practice setting, including mobile dental units, in which at least 50 percent of the total patient base of the dental therapist or advanced dental therapist consists of patients who:

(i) are enrolled in a Minnesota health care program;

(ii) have a medical disability or chronic condition that creates a significant barrier to receiving dental care;

(iii) do not have dental health coverage, either through a public health care program or private insurance, and have an annual gross family income equal to or less than 200 percent of the federal poverty guidelines; or

(iv) do not have dental health coverage, either through a state public health care program or private insurance, and whose family gross income is equal to or less than 200 percent of the federal poverty guidelines.

(c) "Dental health professional shortage area" means an area that meets the criteria established by the secretary of the United States Department of Health and Human Services and is designated as such under United States Code, title 42, section 254e.