# Proposal Summary/ Overview

### To be completed by proposal sponsor. (500 Word Count Limit for this page)

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*Is this proposal regarding:*

* *New or increased regulation of an existing profession/occupation? If so, complete this form, Questionnaire A. Yes*
* *Increased scope of practice or decreased regulation of an existing profession? If so, complete Questionnaire B.*
* *Any other change to regulation or scope of practice? If so, please contact the Committee Administrator to discuss how to proceed.*

1) State the profession/occupation that is the subject of the proposal.

* Dental Therapy
* Dental Assisting/ Hygiene

2) Briefly describe the proposed changes:

* License by credential for dental therapy- MN has had licensed dental therapists for over 10 years. This new proposal is to align the license by credential process for this profession, as we currently have a license by credential pathway in MN for all other licensed dental professions (Dentists, hygienists, assistants). This would be for out of state applicants that come to MN and want to become licensed by the Minnesota Board of Dentistry.
* Restorative functions language is clean up and based on what is being taught in the courses for RF that are taught at dental and allied dental professional programs.

3) If the proposal has been introduced, provide the bill number and names of House and Senate sponsors. If the proposal has not been introduced, indicate whether legislative sponsors have been identified. If the bill has been proposed in previous sessions, please list previous bill numbers and years of introduction.

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Seeking other authors as well- have reached out to Rep. Bierman and Rep. Reyer

### Questionnaire A: New or increased regulation (adapted from Mn Stat 214.002 subd 2 and MDH Scope of Practice Tools)

### This questionnaire is intended to assist the House Health Finance and Policy Committee in deciding which legislative proposals for new or increased regulation of health professions should receive a hearing and advance through the legislative process. It is also intended to alert the public to these proposals and to narrow the issues for hearing.

### This form must be completed by the sponsor of the legislative proposal. The completed form will be posted on the committee’s public web page. At any time before the bill is heard in committee, opponents may respond in writing with concerns, questions, or opposition to the information stated and these documents will also be posted. The Chair may request that the sponsor respond in writing to any concerns raised before a hearing will be scheduled.

### A response is not required for questions which do not pertain to the profession/occupation (indicate “not applicable”). Please be concise. Refer to supporting evidence and provide citation to the source of the information where appropriate.

### New or increased regulation of health professions is governed by Mn State 214. Please read and be familiar with those provisions before submitting this form.

### While it is often impossible to reach complete agreement with all interested parties, sponsors are advised to try to understand and to address the concerns of any opponents before submitting the form.

1. **Who does the proposal impact?**
2. Define the occupations, practices, or practitioners who are the subject of this proposal.
* Dental Therapists
* Dental Hygiene/ Assistants
1. List any associations or other groups representing the occupation seeking regulation and the approximate number of members of each in Minnesota

This is not applicable to the proposed changes. There are already over 100 licensed dental therapists

1. Describe the work settings, and conditions for practitioners of the occupation, including any special geographic areas or populations frequently served.

 Dental Therapists- underserved, uninsured, Medicaid populations, community clinic settings

 Dental Hygiene/ Assistants- all dental populations

1. Describe the work duties or functions typically performed by members of this occupational group and whether they are the same or similar to those performed by any other occupational groups.

Dental therapy by credentials- intended to have the same scope of practice as current licensed dental therapists in MN if they have the appropriate training, experience, and have been licensed in good standing as a dental therapist in another state.

Dental Hygiene/ Assistants- the restorative functions language change is a small change to align with the knowledge provided to these individuals through educational programs.

1. **Specialized training, education, or experience (“preparation”) required to engage in the occupation**
	1. What preparation is required to engage in the occupation? How have current practitioners acquired that preparation?

 Dental therapy by credential- same as current dental therapy by exam licensees. Through CODA (Commission on Dental Accreditation) or board approved programs, depending on the state.

 Restorative function for dental hygiene and assisting- this is an expanded function certification available to individuals that receive education in this area.

* 1. Would the proposed regulation change the way practitioners become prepared? If so, why and how? Include any change in the cost of entry to the occupation. Who would bear these costs?

 No change to education. Other requirements align with all other license by credential applicants in MN (dentist, dental hygiene)

* 1. Is there an existing model of this change being implemented in another state? Please list state, originating bill and year of passage?

 Dental therapy by credentials- Many other states that have implemented dental therapy allow a DT license by credential (endorsement) pathway, examples are Maine, Michigan. They include the CODA (Commission on Dental Accreditation) education requirement and/or a review of credentials and approval by the state dental board.

* + Maine- DT legislation signed into law 2014
	+ Michigan- DT legislation signed into law 2018
	+ 12 states have laws or tribal authority for dental therapy
	+ 5 states have DTs in practice - AK, MN, OR, WA, ME, and soon ID as well.
	1. If current practitioners in Minnesota lack any training, education, experience, or credential that would be required under the new regulation, how does the proposal address that lack?

This proposal does not impact current dental therapy providers in MN.

 This proposal does have a small impact to dental hygienists and dental assistants that perform restorative functions. Less restrictive.

* 1. Would new entrants into the occupation be required to provide evidence of preparation or be required to pass an examination? If not, please explain why not. Would current practitioners be required to provide such evidence? If not, why not?

 No, these providers will already be previously licensed in another state. Exam requirements will have already been met.

1. **Supervision of practitioners**
	1. How are practitioners of the occupation currently supervised, including any supervision within regulated institution or by a regulated health professional? How would the proposal change the provision of supervision?

 Supervision provisions do not change. Currently supervised by dentists.

1. Does a regulatory entity currently exist or does the proposal create a regulatory entity? What is the proposed scope of authority of the entity? (For example, will it have authority to develop rules, determine standards for education and training, assess practitioners’ competence levels?) Has the proposed change been discussed with the current regulatory authority? If so, please list participants and date.

 MN Board of Dentistry is proposing this change and we will regulate and license/ certify for the proposed changes.

1. Do provisions exist to ensure that practitioners maintain competency? Describe any proposed change.

 Yes, they must be educated by a CODA (Commission on Dental Accreditation) approved program.

1. **Level of regulation (See Mn Stat 214.001, subd. 2, declaring that “no regulations shall be imposed upon any occupation unless required for the safety and well being of the citizens of the state.” The harm must be “recognizable, and not remote.” Ibid.)**
2. Describe the harm to the public posed by the unregulated practice of the occupation or by the continued practice at its current degree of regulation.

 The proposal aligns with the regulation of dental therapy by exam candidates. The proposal does not impact level of regulation for dental hygiene or assisting.

1. Explain why existing civil or criminal laws or procedures are inadequate to prevent or remedy any harm to the public.

 This is not applicable to our proposal.

1. Explain why the proposed level of regulation has been selected and why a lower level of regulation was not selected.

 This is not applicable to our proposal.

1. **Implications for Health Care Access, Cost, Quality, and Transformation**
2. Describe how the proposal will affect the availability, accessibility, cost, delivery, and quality of health care, including the impact on unmet health care needs and underserved populations. How does the proposal contribute to meeting these needs?

 The dental therapy provision could increase access to dental services by encouraging dental therapy applicants to come to MN and become licensed to practice dental therapy in our state.

1. Describe the expected impact of the proposal on the supply of practitioners and on the cost of services or goods provided by the occupation. If possible, include the geographic availability of proposed providers/services. Cite any sources used.

 The cost of services should remain relatively unchanged.

1. Does the proposal change how and by whom the services are compensated? What costs and what savings would accrue to patients, insurers, providers, and employers?

 This is not applicable to our proposal.

 Costs/Savings to patients, insurers, providers, employers would be relatively unchanged.

1. Describe any impact of the proposal on an evolving health care delivery and payment system (e.g., collaborative practice, innovations in technology, ensuring cultural competency, value-based payments)?

 Dental therapists practice under collaborative practice in MN and this would allow that as well for the dental therapy by credentials license candidates. They use teledentistry and they practice in

 many different community and practice settings.

1. What is the expected regulatory cost to state government? Is there an up-to-date fiscal note for the proposal? How are the costs covered under the proposal?

 We need a fiscal note prepared for this change. The applicants are charged a fee and we are a self- funded agency.

1. **Evaluation/Reports**

Describe any plans to evaluate and report on the impact of the proposal if it becomes law, including focus and timeline. List the evaluating agency and frequency of reviews.

We report on license statistics publicly every quarter and the Minnesota Department of Health does analysis on dental therapy through workforce surveys that individuals complete through biennial renewal process.

1. **Support for and opposition to the proposal**
2. What organizations are sponsoring the proposal? How many members do theseorganizations represent in Minnesota?

 Minnesota Board of Dentistry is bringing this proposal forward. We are not a member organization.

1. List organizations, including professional, regulatory boards, consumer advocacy groups, and others, who support the proposal.
	* **Minnesota Board of Dentistry**
	* **Minnesota Dental Association**
	* **Minnesota Dental Hygiene Association**
2. List any organizations, including professional, regulatory boards, consumer advocacy groups, and others, who have indicated concerns/opposition to the proposal or who are likely to have concerns/opposition. Explain the concerns/opposition of each, as the sponsor understands it.

 There are no known opponents to our proposal, and we have presented it in several public board and committee meetings.

1. What actions has the sponsor taken to minimize or resolve disagreement with those opposing or likely to oppose the proposal?

 There are no known opponents to our proposal, and we have presented it in several public board and committee meetings.