

## Proposal Summary/ Overview

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

Name: Bridgett AndersonOrganization: MN Board of DentistryPhone: 612 548 2127Email Address: [bridgett.anderson@state.mn.us](mailto:bridgett.anderson@state.mn.us)

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.

Dentists and Dental Hygienists

2) Briefly describe the proposed change.

- The bill establishes a dentist and dental hygienist license compact.
- The Dentist and Dental Hygienist Compact is an interstate occupational licensure compact. Interstate compacts are constitutionally authorized, legally binding, legislatively enacted contracts among states. This compact enables licensed dentists and dental hygienists to practice in all states participating in the compact, as opposed to them obtaining an individual license in every state they want to practice.

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.

**House**HF30011 03/20/2023Edelson

Dentist and dental hygienist compact created.

Companion Bill is SF2990

4) Given the press of business in the 2024 legislative session it is unlikely that health licensing and scope of practice bills will be taken up this year. If there is an urgent need that this bill be heard this year, please explain the urgency.

Three other states have already passed the legislation. Four more states, including MN, have introduced legislation. In order to establish the compact and begin establishing the compact commission, seven states total need to pass the legislation. That will lead to the next steps for the compact, including database development.

## **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 help legislative committees decide which 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?**

- a. Define the occupations, practices, or practitioners who are the subject of this proposal.

Dentists and Dental Hygienists

- b. List any associations or other groups representing the occupation seeking regulation and the approximate number of members of each in Minnesota

Approximately 4,000 dentists and 6,000 hygienists

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

Private practice, group practice, schools, FQHC

- d. 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.

Dentistry and Dental Hygiene already have licensure in MN. Scope of practice is already in statute and rule.

**2) Specialized training, education, or experience (“preparation”) required to engage in the occupation**

- a. What preparation is required to engage in the occupation? How have current practitioners acquired that preparation?

DDS degree or DH degree

- b. 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 this does not change their training or scope of practice. The cost of the compact privilege would be on the licensee, similar to all other licenses.

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

Yes, three states have passed the legislation so far in 2023 (when the model language was first released) Washington, Iowa, and Tennessee

- d. 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? N/A

- e. 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?

Yes, in order to join the compact, all licensing criteria set forth in the language, including examination, would need to be met.

**3) Supervision of practitioners**

- a. 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?

Dentists and dental hygienists are already regulated in MN and all other states by way of Dental Boards

- b. 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.

Similar to the medical compact, a compact commission is created in the legislation in order for each dental board to have representation on the oversight body for the commission.

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

Yes, continuing education in the state of issue still needs to be met for both dentists and dental hygienists.

**4) 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.)**

- a. 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. N/A
- b. Explain why existing civil or criminal laws or procedures are inadequate to prevent or remedy any harm to the public. N/A
- c. Explain why the proposed level of regulation has been selected and why a lower level of regulation was not selected. N/A

**5) Implications for Health Care Access, Cost, Quality, and Transformation**

- a. 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 proposal allows MN patients access to an increase in qualified providers to meet dental and dental hygiene needs of the population.

- b. 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 proposal will increase the supply of providers available.

The most current dental workforce data can be found here:

<https://www.health.state.mn.us/data/workforce/oral/index.html>

The MN Board of Dentistry collaborates with MDH to collect workforce data.

- c. 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?

The costs would not change due to this proposal. Compensation will most likely remain the same.

- d. 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)?

This will encourage collaborative practice between dentists and dental hygienists. It also provides the ability for providers from other states to provide treatment for MN dental patients. This encourages transparent data sharing and using technology to ensure that providers are competent and meet the criteria for licensure.

- e. 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?

The compact will be self-funded by license fees, similarly to how the agency runs currently.

## **6) 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 will be collecting data once the compact is established, and a database can be built. This data will provide for reporting and analysis of providers using the compact.

## **7) Support for and opposition to the proposal**

- a. What organizations are sponsoring the proposal? How many members do these organizations represent in Minnesota?

Minnesota Board of Dentistry – over 17,000 licensees

- b. List organizations, including professional, regulatory boards, consumer advocacy groups, and others, who support the proposal.

Minnesota Dental Association- approx.. 2500 dentists  
Minnesota Dental Hygiene Association – approx.. 325 hygienists  
Association of Dental Support Organizations  
American Dental Association  
American Dental Hygiene Association

- c. 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.

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