



S.F. No. 1896 – Requirements modification for dental administrator rates in the medical assistance and MinnesotaCare programs

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Bill Overview

S.F. 1896 modifies the statutory requirements for a contingent contract with a single dental administrator for the Medical Assistance (MA) and MinnesotaCare programs. Specifically, the bill delays implementation dates and removes certain provisions requiring payment of existing statutory rates. S.F. 1896 also establishes a Critical Access Dental Provider Task Force to study and make recommendations on how a single dental administrator contract may affect both the financial viability of critical access dental providers and access to care for MA and MinnesotaCare enrollees.

Section Summaries

Section 1 (amends Minn. Stat. § 256B.0371, subd. 3; Contingent contract with dental administrator) This section amends the existing contingent contract requirements for a single dental administrator in MA managed care, MA fee-for-service, and MinnesotaCare. It delays the earliest start date for administering dental services under a single contract from January 1, 2026, to January 1, 2030, and removes the statutory requirement that the dental administrator pay contracted dental providers at the rates specified in other MA and MinnesotaCare statutes. This section further requires the commissioner of human services to implement the subdivision based on recommendations of the new critical access dental provider task force created in section 2 of the bill.

Section 2 (uncodified; Critical Access Dental Provider Task Force)

Subd. 1. Definition. This subdivision defines “critical access dental providers” for purposes of this task force as those providers meeting the criteria in Minnesota Statutes, section 256B.76, subdivision 4.

Subd. 2. Task force established. This subdivision requires the commissioner of human services to establish a task force to identify potential impacts of a single dental administrator contract on the financial viability of critical access dental providers and on patient access to dental care.

Subd. 3. Required assessments. This subdivision directs the task force to consider and evaluate:

1. The financial impact on reimbursement for critical access dental providers;
2. The potential impact on supplemental funding opportunities used by critical access dental providers to cover operating costs;
3. The potential impact on supplemental funding opportunities used by critical access dental providers for capital and service expansion costs; and
4. The potential harmful impacts on patients of critical access dental providers resulting from disruption of current integrated care coordination between medical, behavioral, dental, and other service providers.

Subd. 4. Application of other law. This subdivision applies the provisions of Minnesota Statutes, section 15.059, to this section. That statute governs task force member terms, compensation, and removal.

Subd. 5. Membership. This subdivision lists the required members of the task force, including representatives of the legislature, the commissioner of human services or a designee, and representatives of certain provider and advocacy organizations.

Subd. 6. Reporting. This subdivision requires the task force to report by January 15, 2027, to the legislative committees with jurisdiction over health and human services policy and finance. The report must include an evaluation of patient access to dental care, a detailed financial impact analysis of reimbursements for critical access providers, recommendations to mitigate any funding disruptions, and proposed measures to prevent harm to critical access providers and their patients.

Subd. 7. Expiration. This subdivision provides that the task force expires on an unspecified date.



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