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State of Minnesota HOUSE OF REPRESENTATIVES

H. F. No. Authored by Hamilton, Fischer, Quam, Loeffler, Metsa and others

04/06/2016 The bill was read for the first time and referred to the Committee on Health and Human Services Reform

1.1	A bill for an act
1.2 1.3	relating to health care; modifying the critical access dental provider designation requirements; amending Minnesota Statutes 2015 Supplement, section 256B.76,
1.5	subdivision 4.
1.5	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
1.6	Section 1. Minnesota Statutes 2015 Supplement, section 256B.76, subdivision 4, is
1.7	amended to read:
1.8	Subd. 4. Critical access dental providers. (a) Effective for dental services
1.9	rendered on or after January 1, 2002, the commissioner shall increase reimbursements
1.10	to dentists and dental clinics deemed by the commissioner to be critical access dental
1.11	providers. For dental services rendered on or after July 1, 2007, the commissioner shall
1.12	increase reimbursement by 35 percent above the reimbursement rate that would otherwise
1.13	be paid to the critical access dental provider. The commissioner shall pay the managed
1.14	care plans and county-based purchasing plans in amounts sufficient to reflect increased
1.15	reimbursements to critical access dental providers as approved by the commissioner.
1.16	(b) The commissioner shall designate the following dentists and dental clinics as
1.17	critical access dental providers:
1.18	(1) nonprofit community clinics that:
1.19	(i) have nonprofit status in accordance with chapter 317A;
1.20	(ii) have tax exempt status in accordance with the Internal Revenue Code, section
1.21	501(c)(3);
1.22	(iii) are established to provide oral health services to patients who are low income,
1.23	uninsured, have special needs, and are underserved;

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2.1	(iv) have professional staff familiar with the cultural background of the clinic's
2.2	patients;
2.3	(v) charge for services on a sliding fee scale designed to provide assistance to
2.4	low-income patients based on current poverty income guidelines and family size;
2.5	(vi) do not restrict access or services because of a patient's financial limitations
2.6	or public assistance status; and
2.7	(vii) have free care available as needed;
2.8	(2) federally qualified health centers, rural health clinics, and public health clinics;
2.9	(3) eity or county hospital-based dental clinics owned and operated hospital-based
2.10	dental elinies by a city, county, or former state hospital as defined in section 62Q.19,
2.11	subdivision 1, paragraph (a), clause (4);
2.12	(4) a dental clinic or dental group owned and operated by a nonprofit corporation in
2.13	accordance with chapter 317A health system, group dental practice, or health plan company
2.14	with more than 10,000 50 percent of the clinic or dental groups' patient encounters per
2.15	year with patients who are uninsured or covered by medical assistance or MinnesotaCare;
2.16	(5) a dental clinic owned and operated by the University of Minnesota or the
2.17	Minnesota State Colleges and Universities system; and
2.18	(6) private practicing dentists if:
2.19	(i) the dentist's office is located within a health professional shortage area as defined
2.20	under Code of Federal Regulations, title 42, part 5, and United States Code, title 42,
2.21	section 254E;
2.22	(ii) more the seven-county metropolitan area and more than 50 percent of the
2.23	dentist's patient encounters per year are with patients who are uninsured or covered by
2.24	medical assistance or MinnesotaCare; and or
2.25	(iii) the level of service provided by the dentist is critical to maintaining adequate
2.26	levels of patient access within the service area in which the dentist operates.
2.27	(ii) the dentist's office is located outside the seven-county metropolitan area and
2.28	more than 25 percent of the dentist's patient encounters per year are with patients who are

2.29 <u>uninsured or covered by medical assistance or MinnesotaCare.</u>