MAINE STATE LEGISLATURE

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L.D. 1441

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(Filing No	, H.503))

Date: 6/6/19	(Fili
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HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES 3 Reproduced and distributed under the direction of the Clerk of the House. 4 STATE OF MAINE 5 HOUSE OF REPRESENTATIVES 6 129TH LEGISLATURE 7 FIRST REGULAR SESSION 8 COMMITTEE AMENDMENT "A" to H.P. 1053, L.D. 1441, Bill, "An Act To 9 Align the Laws Governing Dental Therapy with Standards Established by the American 10 11 Dental Association Commission on Dental Accreditation" 12 Amend the bill by striking out all of section 7 and inserting the following: 'Sec. 7. 32 MRSA §18345, sub-§2, ¶¶C and F, as enacted by PL 2015, c. 429, 13 §21, are amended to read: 14 15 C. For dental hygiene therapist authority: (1) Verification of having successfully completed a dental hygiene therapy 16 17 program that: (a) Is accredited by the American Dental Association Commission on Dental 18 Accreditation or a successor organization; 19 (b) Is a minimum of 4 semesters; 20 (c) Is consistent with the model curriculum for educating dental hygiene 21 22 therapists adopted by the American Association of Public Health Dentistry or 23 a successor organization; 24 (d) Is consistent with existing dental hygiene therapy programs in other states approved by the board; and 25 26 (e) Meets the requirements for dental hygiene therapy education programs adopted by board rule: 27 (2) Verification of a bachelor's master's degree or higher in dental hygiene, 28 dental hygiene therapy or in dental therapy from a school accredited by the 29 American Dental Association Commission on Dental Accreditation or a its 30 31 successor organization or a master's degree in dental therapy from a program that meets the requirements adopted by board rule consistent with the accreditation 32. standards identified by the American Dental Association Commission on Dental 33 Accreditation or its successor organization; 34

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1 2 3 4	(3) Verification of passing a clinical examination and all other examinations required by board rule. The clinical examination must be a comprehensive, competency-based clinical examination approved by the board and administered independently of an institution providing dental hygiene therapy education;
5 6 7 8	(4) Verification of having engaged in 2,000 hours of supervised clinical practice under the supervision of a dentist and in conformity with rules adopted by the board, during which supervised clinical practice the applicant is authorized to practice pursuant to paragraph F.
9 10 11 12 13 14	For purposes of meeting the clinical requirements of this subparagraph, an applicant's hours of supervised clinical experience while enrolled in the dental hygiene therapy program under subparagraph (1) may be included as well as hours completed under the supervision of a dentist licensed in another state or a Canadian province may be included, provided that as long as the applicant was operating lawfully under the laws and rules of that state or province; and
15 16	(5) A copy of the written practice agreement and standing orders required by section 18377, subsection 3; and
17	(6) Verification of a current advanced cardiac life support certification;
18	F. For provisional dental hygiene therapist authority:
19 20	(1) Verification of meeting the requirements of paragraph C, subparagraphs (1) to (2), (3) and (6); and
21 22 23	(2) A copy of the written agreement between the applicant and a dentist who will provide levels of supervision consistent with the scope of practice outlined in section 18377 and in conformity with rules adopted by the board.
24 25 26	During the period of provisional authority the applicant may be compensated for services performed as a dental hygiene therapist. The period of provisional authority may not exceed 3 years.'
27	Amend the bill by striking out all of section 10 and inserting the following:
28 29	'Sec. 10. 32 MRSA §18377, as enacted by PL 2015, c. 429, §21, is amended to read:
30	§18377. Dental therapist
31 32	1. Scope of practice. A dental hygiene therapist may perform the following procedures in limited practice settings, if authorized by a written practice agreement with

- procedures in limited practice settings, if authorized by a written practice agreement with a dentist licensed in this State pursuant to subsection 3.
 - A. To the extent permitted in a written practice agreement, a dental hygiene therapist may provide the care and services listed in this paragraph only under the direct supervision of the supervising dentist:
 - (1) Perform oral health assessments, pulpal disease assessments for primary and young teeth, simple cavity preparations and restorations and simple extractions;

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1 2	(2) Prepare and place stainless steel crowns and aesthetic anterior crowns for primary incisors and prepare, place and remove space maintainers;
3	(3) Provide referrals;
4	(4) Administer local anesthesia and nitrous oxide analgesia;
5	(5) Perform preventive services;
6 7 8	(6) Conduct urgent management of dental trauma, perform suturing, extract primary teeth and perform nonsurgical extractions of periodontally diseased permanent teeth if authorized in advance by the supervising dentist;
9 10	(7) Provide, dispense and administer anti-inflammatories, nonprescription analgesics, antimicrobials, antibiotics and anticaries materials;
11	(8) Administer radiographs; and
12 13	(9) Perform other related services and functions authorized by the supervising dentist and for which the dental hygiene therapist is trained.
14 15 16	B. To the extent permitted in a written practice agreement, a dental hygiene therapist may provide the care and services listed in section 18374, subsections 1 and 2 under the general supervision of the supervising dentist.
17 18 19	2. Supervision responsibilities. A dental hygiene therapist may be delegated a dentist's responsibility to supervise up to 2 dental hygienists and 3 unlicensed persons in any one practice setting through a written practice agreement pursuant to subsection 3.
20 21	3. Practice requirements. A dental hygiene therapist must comply with the following practice limitations.
22 23 24 25 26 27 28 29 30 31 32 33 34	A. A dental hygiene therapist may provide services only in a hospital; a public school, as defined in Title 20 A, section 1, subsection 24; a nursing facility licensed under Title 22, chapter 405; a residential care facility licensed under Title 22, chapter 1663; a clinic; a health center reimbursed as a federally qualified health center as defined in 42 United States Code, Section 1395x(aa)(4) (1993) or that has been determined by the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services to meet the requirements for funding under Section 330 of the Public Health Service Act, 42 United States Code, Section 254(b); a federally qualified health center licensed in this State; a public health setting that serves underserved populations as recognized by the federal Department of Health and Human Services; or a private dental practice in which at least 50% of the patients who are provided services by that dental hygiene therapist are covered by the MaineCare program under Title 22 or are underserved adults.
35 36 37 38 39	B. A dental hygiene therapist may practice only under the direct supervision of a dentist through a written practice agreement signed by both parties. A written practice agreement is a signed document that outlines the functions that the dental hygiene therapist is authorized to perform, which may not exceed the scopes of practice specified in subsections 1 and 2. A dental hygiene therapist may practice only under the standing order of the supervising dentist, may provide only care that follows

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1 2	written protocols and may provide only services that the dental hygiene therapist is authorized to provide by the written practice agreement.
3 4	C. A written practice agreement between a supervising dentist and a dental hygiene therapist must include the following elements:
5 6 7	(1) The services and procedures and the practice settings for those services and procedures that the dental hygiene therapist may provide, together with any limitations on those services and procedures;
8 9	(2) Any age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency;
10 11	(3) Procedures to be used with patients treated by the dental hygiene therapist for obtaining informed consent and for creating and maintaining dental records;
12 13	(4) A plan for review of patient records by the supervising dentist and the denta hygiene therapist;
14 15	(5) A plan for managing medical emergencies in each practice setting in which the dental hygiene therapist provides care;
16 17	(6) A quality assurance plan for monitoring care, including patient care review referral follow-up and a quality assurance chart review;
18 19 20	(7) Protocols for administering and dispensing medications, including the specific circumstances under which medications may be administered and dispensed;
21 22 23	(8) Criteria for providing care to patients with specific medical conditions of complex medical histories, including requirements for consultation prior to initiating care; and
24 25 26	(9) Specific written protocols, including a plan for providing clinical resources and referrals, governing situations in which the patient requires treatment that exceeds the scope of practice or capabilities of the dental hygiene therapist.
27 28	D. Revisions to a written practice agreement must be documented in a new written practice agreement signed by the supervising dentist and the dental hygiene therapist.
29 30 31	E. A dental hygiene therapist shall file a copy of a written practice agreement with the board, keep a copy for the dental hygiene therapist's own records and make a copy available to patients of the dental hygiene therapist upon request.
32 33 34	F. A dental hygiene therapist shall refer patients in accordance with a written practice agreement to another qualified dental or health care professional to receive needed services that exceed the scope of practice of the dental hygiene therapist.
35 36 37	G. A dental hygiene therapist who provides services or procedures beyond those authorized in a written agreement engages in unprofessional conduct and is subject to discipline pursuant to section 18325.

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4. Dental coverage and reimbursement. Notwithstanding Title 24-A, section

2752, any service performed by a dentist, dental assistant or dental hygienist licensed in

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this State that is reimbursed by private insurance, a dental service corporation, the MaineCare program under Title 22 or the Cub Care program under Title 22, section 3174-T must also be covered and reimbursed when performed by a dental hygiene therapist authorized to practice under this chapter.

Sec. 11. Board of Dental Practice to review dental practice laws and recommend changes. The Board of Dental Practice, in consultation with interested parties, shall review the Maine Revised Statutes, Title 32, chapter 143 and any rules adopted by the board and recommend changes to the statutory definitions of supervision and recommend a definition of "teledentistry" for the purpose of aligning current supervision practices and reflecting advancements in technology. The Board of Dental Practice shall submit its report and recommendations to the Joint Standing Committee on Health Coverage, Insurance and Financial Services no later than February 1, 2020. The Joint Standing Committee on Health Coverage, Insurance and Financial Services may report out a bill to the Second Regular Session of the 129th Legislature based on the board's recommendations.'

Amend the bill by relettering or renumbering any nonconsecutive Part letter or section number to read consecutively.

SUMMARY

This amendment clarifies the educational requirements for dental therapists.

The amendment removes language proposing to clarify statutory language related to supervision of dental therapists and replaces it with a provision requiring further study of the issues by the Board of Dental Practice. The Board of Dental Practice is directed to recommend changes to the statutory definitions of supervision and to recommend a definition of "teledentistry" for the purpose of aligning current supervision practices and reflecting advancements in technology. The Board of Dental Practice is required to submit its recommendations to the Joint Standing Committee on Health Coverage, Insurance and Financial Services no later than February 1, 2020. The Joint Standing Committee on Health Coverage, Insurance and Financial Services may report out a bill to the Second Regular Session of the 129th Legislature based on the board's recommendations.

FISCAL NOTE REQUIRED

(See attached)



129th MAINE LEGISLATURE

LD 1441

LR 1201(02)

An Act To Align the Laws Governing Dental Therapy with Standards Established by the American Dental Association Commission on Dental Accreditation

Fiscal Note for Bill as Amended by Committee Amendment (H-503)
Committee: Health Coverage, Insurance and Financial Services
Fiscal Note Required: Yes

Fiscal Note

Current biennium cost increase - General Fund Current biennium cost increase - Federal Expenditures Fund

Fiscal Detail and Notes

The bill will require a technology change to the Maine Integrated Health Management System in the Office of MaineCare Service within the Department of Health and Human Services which is estimated to have a one-time cost of \$19,841, of which \$4,960 is a General Fund cost. This bill provides no new funding. The impact of these new unfunded costs on other programs in the DHHS cannot be determined at this time.

Additional costs to the Board of Dental Practice, affiliated with the Department of Professional and Financial Regulation, to implement the requirements of this legislation can be absorbed within existing budgeted resources.