

**Minnesota Legislature  
2017 Special Session—Senate File No. 2  
As Passed by Legislature and signed into Law**

Dental Provision Summary  
Prepared by the Minnesota Health Care Safety Net Coalition

**ARTICLE 4: HEALTH CARE**

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- Section 38      **Changes to “Rule 101”**  
Rural dentists are exempt from Rule 101—the law that requires any health care provider to accept a certain percentage of patients on MA or MNCare if they wish to be eligible to be reimbursed for services to public employees or workers compensations patients.
- Section 45      **UMN upper payment limit**  
DHS must establish an upper payment limit for physicians, dentists, and other billing professionals affiliated with the University of MN and UMN Physicians and determine the intergovernmental transfer necessary to match the federal MA payments in order to make supplemental payments to physicians, dentists and other billing providers to cover the difference between the current rates and the upper payment limit for fee-for-service patients only.
- Section 51      **Dental Reimbursement**  
For services on or after July 1, 2017 provided to fee-for-service enrollees under 21 there is a 23.8% increase in reimbursement rates.
- Section 58      **MinnesotaCare**  
For services provided to MinnesotaCare enrollees on or after January 1, 2018 there is a 54% increase and plans must use the increased rate as a fee floor for MNCare enrollees.
- Section 59      **Critical Access**  
The Critical Access add on payment will be a 20% add on (rather than 32.5%) starting July 1, 2017 for MinnesotaCare enrollees only.

**ARTICLE 10: HEALTH DEPARTMENT**

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- Section 58      **Dental X-ray Authorization**  
This authorizes the use of handheld dental x-ray equipment for individuals authorized to take dental radiographs
- Section 61      **Health Professional Clinic Training Expansion Grant Program**  
Dental Therapists and Advanced Dental Therapists are included in this grant program for training expansions. There is a combination of planning and training grants

available through the health department; up to \$75,000 for planning and \$150,000 for training.

Funds may be used for:

- Establishing or expanding clinical training
- Recruitment, training, and retention of students and faculty
- Connecting students with appropriate clinical training sites, internships, etc.
- Travel and lodging for students
- Faculty, student and preceptor salaries, incentives or other financial support
- Development and implementation of cultural competency training
- Evaluations
- Training site improvements, fees, equipment and supplies required to establish, maintain or expand a training program
- Supporting clinical education in which trainees are part of a primary care team model.

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### ARTICLE 11: HEALTH LICENSING BOARD

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Section 49

#### **Waiver of examination**

As with other dental professionals, all or any part of the examination for dental therapists and dental assistants may be waived by the board for an applicant who presents a certificate of having passed all components of the National Board Dental Examiners or evidence of having maintained an adequate scholastic standing as determined by the board.

Section 50

#### **Licensure by credentials**

In lieu of completing a board-approved dental assisting program, a dental assistant applying for licensure must have graduated from an accredited dental assisting program and (rather than or) is currently certified by the Dental Assisting National Board along with other qualifications that have not changed.

Section 51

#### **Restorative procedures**

A licensed dental hygienist or licensed dental assistant may perform the following restorative procedure (changed):

- Place, contour, and adjust class I, II and V supragingival composite restorations on primary and permanent dentition.

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### ARTICLE 12: OPIATE ABUSE PREVENTION

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Section 2

#### **Limit on quantity of opiates prescribed**

When used for treatment of acute dental pain, prescriptions for opiate or narcotic pain relievers shall not exceed a four-day supply.