

An Act Relative to Graduate Education for Certain Professionals

*Be it enacted by the Senate and the House of Representatives in the General Court assembled, and by the authority of the same, as follows:*

SECTION 1. Chapter 112 of the Massachusetts General Laws, as appearing in the 2012 official edition, is hereby amended in section 43A by adding the following definitions:-

“Public health dental practitioner,” a person registered and licensed by the board, pursuant to the provisions of section 51B.

“Supervising Dentist,” a licensed dentist who supervises a public health dental practitioner. The supervising dentist must be practicing full time and accepting MassHealth patients.

SECTION 2. Chapter 112 of the Massachusetts General Laws, as appearing in the 2012 Official Edition, is hereby amended by inserting after section 51 1/2 the following section:-

Section 51B

Public health dental practitioners

Any licensed dental professional, including but not limited to registered dental assistants and registered dental hygienists, of good moral character, nineteen years old or over, who is a graduate of a graduate level program for public health dental practitioner provided by an institution of post-secondary education and accredited by the Commission on Dental Accreditation requiring a course of not less than two academic years of graduate level education and approved by the board may, upon the payment of a fee determined annually by the commissioner of administration under the provisions of section three B of chapter seven, be

examined by the board in said subjects, and, if his examination is satisfactory, shall be registered as a public health dental practitioner and be given a certificate allowing him to practice as a public health dental practitioner. Upon receipt of a certificate of registration pursuant to section forty-five, any certificate issued hereunder shall be revoked.

A supervising dentist may supervise no more than two public health dental practitioners at the same time.

A licensed public health dental practitioner may perform all acts of a registered dental hygienist at the same supervision level as a registered dental hygienist and may perform the following acts under direct supervision of a licensed dentist:

- a) identify oral and systemic conditions requiring evaluation and/or treatment by dentists, physicians or other healthcare providers, and manage referrals
- b) dispensing and administering via the oral and/or topical route non-narcotic analgesics, anti-inflammatory, and antibiotic medications
- c) fabricating athletic mouthguards
- d) emergency palliative treatment of dental pain limited to the procedures in this section
- e) preparation and placement of direct restoration in primary and permanent teeth
- f) fabrication and placement of single-tooth temporary crowns
- g) preparation and placement of preformed crowns on primary teeth
- h) indirect and direct pulp capping on permanent teeth
- i) indirect pulp capping on primary teeth
- j) removal of space maintainers

A public health dental practitioner is limited to practicing in federally qualified community health centers or settings within dental health provider shortage areas, as designated by the U.S. Department of Health and Human Services.

100 percent of a public health dental practitioner's patients shall consist of patients who:

- a) are MassHealth beneficiaries, as defined in section 9A of Chapter 118 of the general laws; or
- b) Are receiving treatment by the public health dental practitioner in a federally qualified community health center.

A public health dental practitioner shall not practice independently of a licensed dentist. Public health dental practitioners shall not enter into a written collaborative agreement with a licensed dentist. Public health dental practitioners shall not seek reimbursement and shall not be directly reimbursed for services administered in any setting.

An applicant failing to pass a satisfactory examination shall be entitled to re-examination at any meeting of the board upon payment of a fee determined under the aforementioned chapter seven provision.

Each public health dental practitioner shall register biennially in the year designated for the registration of hygienists and shall pay a biennial fee determined under the aforementioned provision, in default of which the board may revoke said registration as a public health dental practitioner, after a hearing as provided by section sixty-one; but payment of said fee at once or before the time of hearing, with an additional sum determined under the aforementioned provision, shall remove the default.

Each public health dental practitioner shall maintain the following data to be reported to the Massachusetts Department of Public Health's Office of Oral Health on forms and in accordance with procedures and timelines established by that office:

- a) The dates of each session with name and address of the site where public health dental practitioner services were provided; and
- b) The number of patients served and the type(s) and quantity(ies) of each service provided.

Notwithstanding any general or special law to the contrary, the Massachusetts Department of Public Health shall submit separate reports on public health dental practitioners as defined in section 43A of chapter 112 of the General Laws, which shall include, but not limited to, the current number of registered public health dental practitioners, the settings in which they practice and the type of procedures or services most commonly performed under that designation. The report shall also evaluate access to safe and effective dental services prior to the creation of the public health dental practitioner and whether the designation of public health dental practitioner has improved access to safe and effective dental services. The department shall submit the report, along with any recommendations for legislative or other action, to the clerks of the Senate and House of Representatives not later than July 1, 2022 or by July 1 two years after the first public health dental practitioners are licensed by the Board, whichever shall come first. The department shall submit subsequent reports, along with any recommendations for legislative or other action, to the clerks of the Senate and House of Representatives biennially and not later July 1 in odd numbered years.

SECTION 3. Section 259 of Chapter 112 of the Massachusetts General Laws, as appearing in the 2012 official edition, is hereby further amended by inserting the following before the last paragraph:

(j) Oral health education;

SECTION 4. Section 260 of Chapter 112 of the Massachusetts General Laws, as appearing in the 2012 official edition, is hereby further amended by inserting the following at the end:

Prior to licensure or renewal, the board shall require community health workers receive education and or training in oral health, in particular, the oral health of geriatric patients and Medicaid members.

SECTION 5. Section 4 O of Chapter 111 of the Massachusetts General Laws, as appearing in the 2012 official edition, is hereby further amended by inserting the following at the end:

(c) The department shall establish a Public Health Dental Hygiene Coordinator at the Office of Oral Health. This position shall be responsible for recruiting, training, monitoring, and supporting public health dental hygienists. The Coordinator shall aim to increase the delivery of preventative dental services to underserved and vulnerable populations, including but not limited to those residing in dental health provider shortage communities and geriatric patients.

(d) The department shall annually conduct 6 community water fluoridation education seminars specifically targeting local and regional Boards of Health. These seminars shall take place primarily in-person throughout the Commonwealth as well as via live webinar.

SECTION 6: Chapter 71 Section 57 of the General Laws is hereby amended by inserting the following after the first paragraph:

Upon entering kindergarten or within 30 days of the start of the school year, the parent or guardian of each child shall present to school health personnel certification that the child within the previous 12 months has received a dental screening by a qualified licensed dental professional that was performed no earlier than 12 months prior to the date of initial enrollment of the pupil.

The parent or legal guardian of a pupil may be excused from complying by indicating that the dental screening could not be completed because of one or more of these reasons:

- (A) Completion of a screening poses an undue financial burden on the parent or legal guardian.
- (B) Parents or legal guardians does not consent to a dental screening.

SECTION 7: Chapter 71 of the General Laws is hereby amended by inserting after Section 34H, the following new section:-

Section 34I. A public school shall notify the parent or legal guardian of a pupil described in the second paragraph of Section 57 of Chapter 71 concerning the screening required. The notification shall, at a minimum, consist of a letter that includes all of the following:

- (1) An explanation of the administrative requirements of this section.
- (2) Information on the importance of primary teeth.
- (3) Information on the importance of oral health to overall health as it relates to learning.

(4) Contact information for public health departments.

(5) A statement of privacy applicable under state and federal laws and regulations.

SECTION 8: Chapter 111 of the General Laws is hereby amended in Section 185A by inserting at the end of the Section the following sentence:-

The department shall provide information to parents and legal guardians about programs and services to access affordable dental care.

SECTION 9: In order to ensure uniform data collection, the department of public health, in consultation with interested persons, shall develop and make available on the internet website of the department, a standardized notification form as specified in section 7 that shall be used by each school district. The standardized form shall include all of the following:

(1) A section that can be used by the licensed dental professional performing the dental screening to record information that includes, but is not limited to, the following:

(A) Date of the dental screening

(B) School name

(C) Name and address of the licensed dental professional performing the screening

(D) Grade

(E) Age

(F) Gender

(G) Race/ethnicity

(H) Charting of untreated cavities

(I) Number of missing teeth

(J) Number of filled cavities

(K) Presence of sealants on permanent molars

(L) Treatment urgency

(2) A section in which the parent or legal guardian of a pupil can indicate the reason why a screening could not be completed by marking the box next to the appropriate reason. The reasons for not completing a screening shall include those detailed in section 1 subparagraphs (A) and (B).

SECTION 10: Upon receiving completed screening forms, all school districts shall, by December 31 of each year, submit a report to the department of public health. The department of public health shall create, in consultation with interested persons, an internet-based application for the collection of the reports. The report shall include all of the following:

(1) The total number of pupils in the district, by school, who are subject to the requirement to present proof of having received an dental screening pursuant to Section 6.

(2) The total number of pupils described in paragraph (1) who present proof of a screening.

(3) The total number of pupils described in paragraph (1) who could not complete a screening due to financial burden.

(4) The total number of pupils described in paragraph (1) who could not complete a screening because their parents or legal guardians did not consent to their child receiving the screening.

(5) The total number of pupils described in paragraph (1) who are screened and found to have untreated decay.

(6) The total number of pupils described in paragraph (1) who did not return either the screening form or the waiver request to the school.

SECTION 11: The department of public health shall maintain the data described in section 10 in a manner that allows the department to release it upon request. This section does not prohibit any of the following:

(1) The department of public health from sharing aggregate data collected pursuant to section 10 with other governmental agencies, philanthropic organizations, or other nonprofit organizations for the purpose of data analysis.

(2) Use of the screening data that is compliant with the federal Health Insurance Portability and Accountability Act of 1996 for the purposes of conducting research and analysis on the oral health status of public school pupils in the commonwealth.

SECTION 12. The board of registration in dentistry shall establish regulations pursuant to section 51B of Chapter 112 of the General Laws not later than 2 year after the effective date of this Act.

SECTION 13. Sections 3, 4, 5, 6, 7, 8, 9, 10, 11 and 12 shall take effect on July 1, 2018.