

Dedicated to protecting and improving the health and environment of the people of Colorado

To: Members of the State Board of Health

From: Stephen Holloway, Branch Chief, Health Equity and Access

Prevention Services Division

Through: //Elizabeth Whitley, Prevention Services Division Director

Date: December 30, 2015

Subject: Request for Rulemaking Hearing

Proposed Amendments to 6 CCR 1015-7, Loan Repayment Program for Dental Professionals, with a request for the rulemaking hearing to occur in March

2016.

The Dental Loan Repayment Program is authorized under § 25-23-101 C.R.S., et seq. The program receives an annual state appropriation of \$200,000, derived from the Tobacco Master Settlement Agreement. The program seeks to improve access to dental care for underserved populations by creating incentives for dental professionals to accept public insurance as payment for dental care. Specifically, the program reduces the student loan debt of licensed dental professionals in exchange for a minimum threshold of care to those who are insured by Medicaid, the Child Health Plan, or who are uninsured for oral health care. State contracts with dental providers are issued for a minimum term of two years. Contracts can be amended for an additional term of service for those providers who have qualified student loan debt at the end of a contract term and continue to provide care to the underserved in their practice. Since the inception of the program in 2001, contracted clinicians have provided 351,381 patient visits to underserved individuals. In the most recent fiscal year, 23,700 patient visits were delivered to underserved individuals.

The department proposes to simplify and clarify language contained in 6 CCR 1015-7, which governs the Dental Loan Repayment Program. The proposed changes will result in a more concise statement of policy regarding the operation of the program, without substantially modifying the primary purpose of the rule or program implementation. The proposed changes to this rule also clarify reporting and prioritization of awards to better align with the Colorado Health Service Corps (§ 25-1.5-501 C.R.S., et seq), which has developed substantially since the last revision of this rule April of 2010.

STATEMENT OF BASIS AND PURPOSE AND SPECIFIC STATUTORY AUTHORITY for Amendments to 6 CCR 1015-7 Loan Repayment Program for Dental Professionals

Basis and Purpose.

The Dental Loan Repayment Program was authorized by the Colorado General Assembly in the 2001 legislative session by Senate Bill 01-164. The purpose of the legislation was to create a "loan repayment program as an incentive to dental professionals to provide dental services to underserved populations." The program pays all or a part of the principal, interest and related expenses of the educational loans of dental professionals. Both dentists and dental hygienists are eligible to participate in the program.

The legislative proposal that created the program was one among nine recommendations submitted by the Commission on Children's Dental Health in December 2000. In recognition of the shortage of dental providers willing to serve low-income populations, the Commission recommended offering educational loan repayments and other incentives to recent dental graduates to encourage more care to children who were insured by Medicaid and the Child Health Plan. The Commission specifically emphasized the need to attract more private practice dental providers into the care of children who are publicly insured.

Along with setting the amount of annual financial assistance available to dental professionals, the board is authorized, pursuant to Section 25-23-103, C.R.S. to promulgate rules necessary to implement the loan repayment program, including determining the amount of financial assistance available, the criteria for loan repayment assistance, the criteria for determining what constitutes a significant level of service to underserved populations for purposes of qualifying for loan repayment assistance and establishing criteria for prioritizing the repayment of loans if there are insufficient moneys in the state dental loan repayment fund.

The proposed changes remove obsolete and unnecessary terms, align the rule with current practice, specify the program's loan repayment priorities, specify the application and reporting requirements and correct typographical errors. These changes are recommended to improve the clarity of the rule, redact redundancy and unnecessary language from the current rule, and create reporting requirement and periodicity symmetry with the Colorado Health Service Corps. The proposed rule changes are not intended to modify the primary purpose of the rule or the implementation of the program at the department. The proposed changes to the rule are expected to enhance overall program efficiency.

Specific Statutory Authority.
These rules are promulgated pursuant to § 25-23-101 to 105 C.R.S.
SUPPLEMENTAL QUESTIONS
Is this rulemaking due to a change in state statute? Yes, the bill number is; rules are authorized required. X No
Is this rulemaking due to a federal statutory or regulatory change? Yes X No
Does this rule incorporate materials by reference? Yes X No
Does this rule create or modify fines or fees? Yes X No

REGULATORY ANALYSIS

for Amendments to

6 CCR 1015-7 Loan Repayment Program for Dental Professionals

1. A description of the classes of persons who will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule.

No changes to this program are proposed related to the award amount, term of service, or requirements to participate. Two classes of persons stand to benefit directly from this rule. These are dentists and dental hygienists who agree to a term of service and a minimum amount of care to underserved people. There are no classes of persons who are expected to bear the cost of implementation, as there are no expected costs associated with the proposed changes to this rule.

Increased access to care resulting from this program will benefit children and adults who are insured by Colorado Medicaid and the Child Health Plan. Individuals who are low-income and uninsured will also benefit from improved access to care.

2. To the extent practicable, a description of the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

There are no anticipated impacts of the proposed rule changes on affected classes of persons.

The program receives an annual appropriation of \$200,000 derived from the Tobacco Master Settlement agreement. Eight to ten loan repayment awards are expected to be made in each year of the program going forward, provided that the annual appropriation to the program remains constant. Program participants are expected to deliver approximately 24,000 patient visits per year to those who are uninsured or insured by Medicaid or the Child Health Plan.

3. The probable costs to the agency and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

The proposed changes to the rule are not expected to change the costs of participation or administration of the program. There are no expected changes to state revenue resulting from changes to this rule.

4. A comparison of the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

The proposed rule changes are not intended to modify the primary purpose of the rule or the implementation of the program at the department. There are no expected new costs imposed on participants resulting from the proposed changes. The proposed changes are made for the purpose of improving the clarity and concision of the rule and to better align the program with certain administrative attributes of the Colorado Health Service Corps. These alignments include scheduling of the application cycle, contractor reporting periodicity, and the allocation of award considerations between

nonprofit and private practices across both loan repayment programs. The proposed changes to the rule are therefore expected to enhance overall program efficiency.

If no action is taken on this rule, overall program efficiency improvements may not be realized.

5. A determination of whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

There are no less costly or less intrusive methods of achieving the purpose of this rule revision.

6. Alternative Rules or Alternatives to Rulemaking Considered and Why Rejected.

An alternative to this rule change would be to continue administering the rule as is currently in force. This alternative affords no benefit and saves no costs to the program or its participants.

7. To the extent practicable, a quantification of the data used in the analysis; the analysis must take into account both short-term and long-term consequences.

Because the proposed changes are largely qualitative, no data was used in the analysis of the proposed changes to the rule.

STAKEHOLDER COMMENTS for Amendments to 6 CCR 1015-7 Loan Repayment Program for Dental Professionals

The following individuals and/or entities were included in the development of these proposed rules:

Katya Mauritson, DMD, MPH, Director, Oral Health Unit, Prevention Service Division

Diane Brunson, MPH, Director of Public Health and Community Outreach, University of Colorado School of Dental Medicine (Ms. Brunson participated in the creation of the program in 2001)

Jeff Thormodsgaard, Colorado Dental Association

The following individuals and/or entities were notified that this rule-making was proposed for consideration by the Board of Health:

Katya Mauritson, DMD, MPH-Director, Oral Health Unit, Prevention Service Division

Diane Brunson, MPH, Director of Public Health and Community Outreach, University of Colorado School of Dental Medicine

Jennifer Goodrum, Colorado Dental Association

Jeff Thormodsgaard, Colorado Dental Association

Current contractors and employers participating in the program through a quarterly newsletter, Facebook page, and Twitter account

The Colorado Community Health Network

ClinicNet

Summarize Major Factual and Policy Issues Encountered and the Stakeholder Feedback Received. If there is a lack of consensus regarding the proposed rule, please also identify the Department's efforts to address stakeholder feedback or why the Department was unable to accommodate the request.

No major factual and policy issues were encountered through the process of stakeholder feedback.

Please identify health equity and environmental justice (HEEJ) impacts. Does this proposal impact Coloradoans equally or equitably? Does this proposal provide an opportunity to advance HEEJ? Are there other factors that influenced these rules?

There are no health equity or environmental justice impacts of the proposed rule change. The effect of the program is, however, intended to improve health equity for those who have poor access to dental care.

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Prevention Services Division

LOAN REPAYMENT PROGRAM FOR DENTAL PROFESSIONALS

6 CCR 1015-7

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- 2 (1)__-"Board" means the State Board of Health.
- 3 (2) -"Dental hygienist provider level I" means :
- 4 (A) A licensed dental hygienist who provides services to at least twenty (20) underserved patients per month on average.; or
 - (B) A licensed dental hygienist who provides services to at least twenty (20) underserved patients per month on average and is employed by a Federally Qualified Health Center; or
 - (C) A licensed dental hygienist who provides service to at least twenty (20) underserved patients per month on average and owns or is employed by a practice that remains open to new clients enrolled in the Medicaid Program or the Children's Basic Health Plan Program; or
 - (D) A licensed dental hygienist who provides services to at least twenty (20) underserved patients per month on average on a pro bono basis.
- 15 (3)__-"Dental hygienist provider level II" means:
 - (A) A licensed dental hygienist who provides services to at least ten (10) underserved patients per month on average.; or
 - (B) A licensed dental hygienist who provides services to at least ten (10) underserved patients per month on average and is employed by a Federally Qualified Health Center, or
 - (C) A licensed dental hygienist who provides services to at least ten (10) underserved patients per month on average and owns or is employed by a practice that remains open to new clients enrolled in the Medicaid Program, or the Children's Basic Health Plan Program; or
 - (D) A licensed dental hygienist who provides services to at least ten (10) underserved patients per month on average on a pro bono basis.

27	(4)"Dentist provider level I" means:
28 29	(A)A licensed dentist who provides services to at least forty (40) underserved patients per month on average; or
30 31	(B) -A licensed dentist who devotes at least thirty percent (30%) of a full time dental practice to providing services to underserved populations.; or
32	(B) A licensed dentist who provides services to at least forty (40) underserved
33	patients per month on average or devotes at least thirty percent (30%) of
34 35	full time dental practice to providing services to underserved populations and is employed by a Federally Qualified Health Center; or
36	(C) A licensed dentist who provides services to at least forty (40) underserved
37	patients per month on average or devotes at least thirty percent (30%) of
38	full time dental practice to providing services to underserved populations
39	and owns or is employed by a practice that remains open to new clients
40	enrolled in the Medicaid Program or the Children's Basic Health Plan
41	Program; or
42	(D) A licensed dentist who provides services to at least forty (40) underserved
43	patients per month on average or devotes at least thirty percent (30%) of
44	full time dental practice to providing services to underserved populations
45	on a pro bono basis.
46	(<u>5</u> E)"Dentist provider level II" means:
47	(A)A licensed dentist who provides services to at least twenty-five (25)
48	underserved patients per month on average; or
49	(B) A licensed dentist who devotes at least twenty percent (20%) of a full time
50	dental practice to providing services to underserved populations <u>.</u> ; or
51	B. A licensed dentist who provides services to at least twenty-five (25)
52	underserved patients per month on average or devotes at least twenty
53	percent (20%) of a full time dental practice to providing services to
54	populations and is employed by a Federally Qualified Health Center; or
55	C. A licensed dentist who provides services to at least twenty-five (25)
56	underserved patients per month on average or devotes at least twenty
57	percent (20%) of a full time dental practice to providing services to
58	underserved populations and owns or is employed by a practice that
59	remains open to new clients enrolled in the Medicaid Program or the
60	Children's Basic Health Plan Program; or
61	D. A licensed dentist who provides services to at least twenty-five (25)
62	underserved patients per month on average or devotes at least twenty
63	percent (20%) of a full time dental practice to providing services to
64	underserved populations on a pro bono basis.

(6F)_-"Dentist provider level III" means

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- A. <u>aA</u> licensed dentist in a part time dental practice who provides services to at least ten (10) underserved patients <u>pera</u> month on average.; or
 - b. A licensed dentist in a part time dental practice who provides services to at least ten (10) underserved patients a month on average and is employed by a Federally Qualified Health Center; or
 - c. A licensed dentist in a part time dental practice who provides services to at least ten (10) underserved patients a month on average and owns or is employed by a practice that remains open to new clients enrolled in the Medicaid Program or the Children's Basic Health Plan Program.
 - d. A licensed dentist in a part time dental practice who provides services to at least ten (10) underserved patients a month on average on a pro bono basis.
- (7)__-"Department" means the Department of Public Health and Environment.
- (8)__-"Eligible dental professional" means a person who is:
 - (AB)_-A dental hygienist licensed in Colorado pursuant to Article 35 of Title 12, C.R.S.; or
 - (BA)_-A dentist licensed in Colorado pursuant to aArticle 35 of tTitle 12, C.R.S.; or
- (9)__-"Full time dental practice" means <u>a practice that is routinely open</u> at least thirty-two (32) clinical hours per week.
- (10)_-"Loan repayment assistance" means financial assistance in paying an award of funds, payable to the lender or lenders that hold professional educational loan debt of the eligible dental professional, which pays all or part of the principal, interest, and other related expenses of a loan for professional education in either dentistry or dental hygiene, as applicable.
- (11)_-"Loan repayment contract" means the agreement, which is signed by the eligible dental professional and the Department, wherein the eligible dental professional agrees to accept loan repayment assistance and to serve practice in accordance with the requirements in §25-23-101, C.R.S., et seq and these rules in exchange for loan repayment assistance.
- (12)_-"Master settlement agreement" means the Master Settlement Agreement, the smokeless tobacco Master Settlement Agreement, and the consent decree approved and entered by the court in the case denominated STATE OF COLORADO, EX REL. GALE A. NORTON, ATTORNEY GENERAL V. R.J. REYNOLDS TOBACCO CO.; AMERICAN TOBACCO CO., INC.; BROWN & WILLIAMSON TOBACCO CORP.; LIGGETT AND MEYERS INC.; LORILLARD TOBACCO CO., INC.; PHILLIP MORRIS, INC.; UNITED STATES TOBACCO CO.; B.A.T. INDUSTRIES, P.L.C.; THE COUNCIL FOR TOBACCO RESEARCH-USA.,

102 103	Court for the City and County of Denver.
104 105	(13)"Part-time dental practice" means a dental practice of less than that is routinely open fewer than thirty-two (32) or fewer clinical hours per week.
106 107	(14)"Program" means the loan repayment program for dental professionals created in §25-23-103, C.R.S.
108 109	(15) "Settlement moneys" means the moneys received pursuant to the master settlement agreement, other than attorney fees and costs.
110 111	(<u>15</u> 17)-"Underserved <u>" means any individual patient" includes any individual</u> who is: a member of an underserved population, as defined in § 1.1 (18).
112	(18) "Underserved population" includes but is not limited to:
113 114	(A) <u>Individuals e</u> ligible for medical assistance under Article 4 Oof Title 26, C.R.S.; or
115 116	(B) <u>Individuals eE</u> nrolled in the Children's Basic Health Plan pursuant to Article 19 of Title 26, C.R.S.; or
117 118	(C) Individuals eEligible for medical services pursuant to the program for the medically indigent set forth in Article 15 of Title 26, C.R.S.; or
119 120 121	(D)Individuals who are provided Receiving dental services by a dental professional and who are charged fees in exchange for a reduced fee assessed on a sliding scale that is based upon the individual's income; or
122 123	(E) -Receiving dental services or who are served without charge based upon the individual's income or dental insurance status.
124 125	(16) "Significant level of service" means <u>care provided to the underserved at the levels</u> that qualify the eligible dental professional for one or more of the following:
126	(AD)_Dental hygienist provider level I; or
127	(<mark>B</mark> E)Dental hygienist provider level II <u>; or</u> -
128	(CA)Dentist provider level I; or
129	(<mark>D</mark> B)Dentist provider level II; <u>or</u>
130	(<u>E</u> €)Dentist provider level III <u>.</u> ;
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1.2	Eligib	ility	crite	ria
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133	(1)A dental professional is eligible for loan repayment assistance if the dental professional enters into a loan repayment contract with the Department on or after
134 135	April 1, 2002, and meets at least one of the following criteria is met:
136 137	(A)The dental professional is employed by a federally qualified health center as defined by 42 U.S.C. § 1396(d)(l)(2)(B); or
138	(BC)The dental professional owns or is employed by a practice that provides a
139	significant level of service to the underserved populations as defined in §
140	1.1(16); or
141	(CB)_The dental professional owns or is employed by a practice that remains is
142	open to new clients enrolled in the Medicaid Program or the Children's
143	Basic Health Plan Program and can achieve a significant level of service to
144	the underserved as defined in § 1.1(16).;
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146	(D) The dental professional provides, on a pro bono basis, a significant level of
147	service to underserved populations as defined in §1.1(16).
148	1.3 Loan repayment prioritization
149	(1)In the event that there are insufficient funds in the state dental loan repayment
150	fund to meet-satisfy the loan repayment assistance needs-requests of eligible
151	dental professionals in any a given state fiscal year, the Department will prioritize
152	awards in the following order: use the criteria set forth in §1.3(2) through (5) to
153	allocate the available funds.
154	(A) Current program participants who have satisfactorily performed under the
155	terms of their contract for at least 13 months and request a contract
156	amendment to extend their service for an additional year of service under
157	the same terms; then
158	(B) Dentist Level I; then
159	(C) Hygienist Level I; then
160	(D) Dentist Level II; then
161	(E) Hygienist Level II; then
162	(F) Dentist Level III
163	(2) In addition, tThe Department may, in its discretion, limit further refine the allocation
164	of the awards to number of program participants based on the available funds and

other legitimate criteria, e.g., such as the geographical disbursement distribution of

program participants or the availability of other public resources to incentivize

increased dental care to underserved individuals. to meet identified needs of 167 underserved populations, when applying the following criteria. 168 (2) First priority will be given to Dentist provider level I and Dental hygienist provider 169 level I that: 170 (A) Have satisfactorily completed a two-year service commitment to the underserved 171 population in excess of the amounts set forth in §1.1(4) and (2), respectively; or 172 (B) Agree to provide services to the underserved population in excess of the amounts 173 set forth in §1.1(4) and (2), respectively. 174 (3) Second priority will be given to Dentist provider level I and Dental hygienist provider 175 level I. (4) Third priority will be given to Dentist provider level II.(5) Fourth priority will be 176 given to Dentist provider level III and Dental hygienist level II. 177 178 1.4 Loan repayment 179 (1) -Except as provided in § 1.4 (2), for each year an eligible dental professional 180 181 provides care to underserved populations in accordance with the terms of a loan repayment contract, the loan repayment awardassistance provided by the 182 Department_shall not exceed, subject to available appropriations, in the aggregate: 183 (AD) -\$6,000 for a Dental hygienist provider level I; 184 (BE) -\$3,000 for a Dental hygienist provider level II;-185 (Ca) -\$25,000 for a Dentist provider level I; 186 (DB) -\$20,000 for a Dentist provider level II; 187 (EC) -\$10,000 for a Dentist provider level III.; 188 -(2) -In the event that the total dellars funds available for loan repayment assistance for 189 in the current state fiscal year exceeds the amount needed to fund eligible program 190 applicants at award amounts specified in §1.4 (1) for the number of eligible dental 191 professionals that have entered into loan repayment contracts, the Department 192 may increase the amount of loan repayment assistance to participantsthat an 193 eligible dental professional may receive for that fiscal the year. 194 (3) -The loan repayment award amount will-shall not exceed the total balance due on 195 all amount of the educational loans held by the eligible dental professional plus any 196 197 accrued interest and related expenses. 198

(4) Loan repayment will be considered ordinary income.

1.5 Application requirements

- (1)__-An eligible dental professional, desiring to participate in the program, shall complete and submit to the Department the programan application form required byto the Department in accordance with the application deadlines set by the Department. The application shall not be considered complete unless accompanied by the following information: A complete application shall include all of the following:
 - (A) -A <u>current</u> copy of <u>the eligible dental professional's his or her current</u> Colorado dentist or dental hygienist license to practice in Colorado;
 - (B)_-Evidence of having met one or more of the eligibility requirements <u>as</u> <u>described</u> in §1.2 (1);
 - (<u>Ce</u>)_-Evidence of having met <u>and the ability to maintain</u> a <u>level of</u> significant <u>level of</u> service <u>as described in §1.1 (16); to be eligible for loan repayment if applicable;</u>
 - (Dd) _-A <u>current</u> statement from the lending institution <u>that holds the educational</u> loan debt of the applicant and reports dated within the last three months that <u>shows</u> the <u>total remaining</u> loan balance <u>of the applicant and the account</u> <u>status as "current"; and verifies that the dentist or dental hygienist is current with respect to payments on the loan. The information provided by the lending institution must include the total amount of the outstanding loan as of January first of the first year for which the loan repayment is requested;</u>

 - (F) A statement from the lender, or a signed statement from the applicant, must clearly show attesting that the loan was used to financed higher education opportunities resulting in a directly related to dentistry or dental hygiene degree.
- (23) A successful applicant for participation into the program shall sign a contract with the Department. The terms of the loan repayment contract shall be determined by the Department and shall include, but need may not be limited to, the following:
 - (A)__-The total annual amount of loan repayment assistance available awarded to the eligible dental professional;

237 238 239 240	(B)The eligible dental professional's agreement to provide care to underserved populations-individuals for a minimum of two (2) years at the rates that confer program eligibility to the provider level at which the participant was awarded and the level of such services to be provided (as described set
241	forth in §§1.1 (2) through (6));
242 243	(C)The eligible dental professional's agreement to promptly notify the Department in writing if the participant:
244 245	(i) <u>Delector</u> - Delector cases the level of serviced provided to underserved populations from that required under the contract; or
246 247	(ii) <u>-Ceeases to serve provide care to underserved</u> populations individuals; or
248 249	(iii)_ -o Otherwise fails or ceases to meet program eligibility requirements <u>.</u> ;
250	(D) Reasonable pPenalties and other enforcement remedies available to the
251 252	Department in the event the eligible dental professional breaches the <u>terms</u> of the contract.
253 254 255	(E)The eligible dental professional's agreement to submit quarterly semi- annual reports to the Department quantifying evidencing the number of underserved patients served and other related practice information.
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257	1.6 Application deadlines
258	The Department may will solicit applications up to three times each at least once per
259	fiscal year on <u>a date or date</u> s to be determined by the Pprogram, and subject to the
260	availab <u>leility of funds. The A</u> completed application, including alland required
261	attachments, must be received by the Department by on or before the announced
262	application deadlines for the dental professional to be considered for participation in the
263	program.