

STATE OF MAINE

IN THE YEAR OF OUR LORD
TWO THOUSAND NINETEEN

H.P. 502 - L.D. 681

An Act To Amend the Maine Dental Education Loan Program

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 5 MRSA §12004-I, sub-§7-C, as enacted by PL 1999, c. 401, Pt. NN, §1 and c. 496, §1, is repealed.

Sec. 2. 20-A MRSA §12301, sub-§4, as repealed and replaced by PL 2001, c. 471, Pt. B, §11 and amended by PL 2003, c. 689, Pt. B, §§6 and 7, is further amended to read:

4. Underserved population area. "~~Underserved population area~~" means a ~~population group or geographical area receiving insufficient oral health care, as determined by the Commissioner of Health and Human Services and as defined in rules adopted by the Department of Health and Human Services pursuant to section 12305. The rules must take into consideration factors that include, but are not limited to, family income levels, availability of dental care and percentage of families qualifying for Medicaid coverage~~ an area in the State that is a dental health professional shortage area or medically underserved area or that contains a medically underserved population as defined by the federal Department of Health and Human Services, Health Resources and Services Administration.

Sec. 3. 20-A MRSA §12302, sub-§4, as enacted by PL 1999, c. 401, Pt. NN, §2 and affected by §4 and enacted by c. 496, §2, is amended to read:

4. Maximum amount. The maximum loan or loan repayment amount available to each participant is \$20,000 per year for a period of up to 4 years. For a loan recipient who receives a first loan after January 1, 2020 or a loan repayment participant who signs a first agreement after January 1, 2020, the maximum loan or loan repayment amount available is \$25,000 per year for a period of up to 4 years.

Sec. 4. 20-A MRSA §12302, sub-§5, ¶C, as enacted by PL 1999, c. 401, Pt. NN, §2 and affected by §4 and enacted by c. 496, §2, is amended to read:

C. A loan recipient serving an underserved population area pursuant to paragraph A, subparagraph (2) must serve all patients regardless of ability to pay through insurance or other payment source.

Sec. 5. 20-A MRSA §12302, sub-§6, ¶¶A and B, as enacted by PL 1999, c. 401, Pt. NN, §2 and affected by §4 and enacted by c. 496, §2, are amended to read:

A. An applicant will receive payment from the authority on the applicant's outstanding indebtedness for dental education at a rate of \$20,000 per year of service for up to 4 years as long as the applicant continues to serve as a practitioner of dental medicine in an underserved population area. A loan repayment participant who signs a first agreement after January 1, 2020 receives payment from the authority on the participant's outstanding indebtedness for dental education at a rate of up to \$25,000 per year of service for up to 4 years as long as the participant continues to serve as a practitioner of dental medicine in an underserved population area.

B. A person receiving loan repayment payments under this subsection must serve all patients regardless of ability to pay through insurance or other payment source.

Sec. 6. 20-A MRSA §12304, as amended by PL 2001, c. 471, Pt. B, §12 and PL 2003, c. 689, Pt. B, §6, is repealed.

Sec. 7. 20-A MRSA §12305, as enacted by PL 1999, c. 401, Pt. NN, §2 and affected by §4 and enacted by c. 496, §2 and amended by PL 2003, c. 689, Pt. B, §7, is further amended to read:

§12305. Rules

~~The authority shall establish rules necessary to implement this chapter. The Commissioner of Health and Human Services shall develop rules for determining underserved population areas. These rules must include a process for ensuring guaranteed access to dental care through technical assistance and site visits to participating providers. The rules authorized by this section must be adopted in accordance with Title 5, chapter 375, subchapter H 2. Rules adopted pursuant to this section are routine technical rules as defined in Title 5, chapter 375, subchapter H-A 2-A.~~

Sec. 8. 20-A MRSA §12306 is enacted to read:

§12306. Stakeholder consultation

In administering the program and assessing its effectiveness, the chief executive officer may consult stakeholders from the dental community, including, but not limited to, representatives of dental education and practitioner communities in the State and organizations representing the interests of low-income communities in the State.