NORTH DAKOTA LEGISLATIVE MANAGEMENT

Minutes of the

HEALTH SERVICES COMMITTEE

Wednesday, January 8, 2014
Roughrider Room, State Capitol
Bismarck, North Dakota

Senator Judy Lee, Chairman, called the meeting to order at 9:00 a.m.

Members present: Senators Judy Lee, Robert Erbele, Joan Heckaman, Tim Mathern; Representatives Dick Anderson, Alan Fehr, Marvin E. Nelson

Members absent: Senators Howard C. Anderson, Jr., Oley Larsen; Representatives Curt Hofstad, Rick Holman, Jon Nelson

Others present: Representative Chuck Damschen, member of the Legislative Management, was also in attendance.
See Appendix A for additional persons present.

It was moved by Senator Mathern, seconded by Representative Fehr, and carried on a voice vote that the minutes of the October 30, 2013, meeting be approved as distributed.

DENTAL SERVICES STUDY

At the request of Chairman Lee, Ms. Mary Amundson, Assistant Professor, Department of Family and Community Medicine, University of North Dakota School of Medicine and Health Sciences, provided information (Appendix B) regarding a report on the health care workforce in the state, including information regarding a review of dental providers in the state. She said in 2010 the School of Medicine conducted research on the health care workforce in the state, including dental providers, and published a report entitled *2010 Snapshot of North Dakota's Health Care Workforce*. She said in 2010 there were 392 dentists in the state, and currently there are 429 dentists, an increase of 9.4 percent from 2010. She said in 2010 the average age of dentists in the state was 50, and assuming retirement by age 67, 37 percent of the dentists in the state in 2010 will have retired by 2020. She said to be designated a dental health professional shortage area (HPSA), based on reasonable services areas, the population-to-provider ratio must be greater than 5,000 to 1 and contiguous areas are overutilized, excessively distant, or inaccessible to the population of the area under consideration. She said a dental HPSA designation is valid for three years, and counties are continually reviewed for HPSA status. She said currently 34 percent of the counties in the state are either fully or partially designated as dental HPSAs, down from 36 percent in 2010.

Senator Mathern said the trend since 2010 indicates more dentists have been added than are retiring. He said if the state continues to add new dentists at the current rate, it seems a shortage could be avoided.

Senator Lee said it is the distribution of dentists in the state that poses the problem. She said dentists are settling in the larger cities, and rural areas are unable to attract dental professionals.

Ms. Amundson said the review process for dental HPSA designations is complex and not all counties have been reviewed. She said the School of Medicine will perform a comprehensive study in 2014, and all counties will be reviewed.

In response to a question from Senator Heckaman, Ms. Amundson later provided information via email to the committee regarding the number of dentists accepting Medicaid, indicating that a 2008 survey reported less than one-fourth of dentists accept all Medicaid patients, one-third of dentists limit the number of new Medicaid patients, and rural dentists were more likely to accept all Medicaid patients than urban dentists.

In response to a question from Representative M. Nelson regarding measurable improvements in the dental health of the population, Ms. Amundson said services provided by safety net clinics to children and impoverished families result in early treatment that will improve future dental health.

In response to a question from Representative D. Anderson, Ms. Amundson said, although dentists' salaries in the state compare favorably to the national average, salary is not the only consideration when deciding where to practice. She said often a spouse may not be willing to relocate. She said there are more opportunities in established practices in larger communities. She said new dentists are very appreciative of the loan repayment program, and safety net clinics have benefited.

At the request of Chairman Lee, Ms. Amundson, Director, Primary Care Office, State Department of Health, provided information (Appendix C) regarding the dental loan repayment programs in the state and the adequacy of the programs. She provided a summary (Appendix D) of dental loan repayment programs in the state, a map (Appendix E) of dental HPSAs including the location of dentists based on licensure data, and a map (Appendix F) of dental HPSAs including the location of dentists based on licensure data and dental offices. She said the State Department of Health administers three dental loan repayment programs--the state loan repayment program, the public health and nonprofit dental loan repayment program, and the federal/state loan repayment program (SLRP). She said the **state loan repayment program** accepts three dentists per year to serve in the smallest communities that have demonstrated a need for dental services. Successful applicants must enter into a four-year, full-time, nonrenewable contract with the State Department of Health, must accept Medicare and Medicaid assignment, and may receive up to $80,000 to repay eligible loans. She said the **public health and nonprofit dental loan repayment program** provides loan repayment benefits to dentists willing to serve in public health and nonprofit dental settings that offer a discounted or sliding fee scale for patient billing. She said successful applicants must serve full time for three years and may receive up to $60,000 over two years to repay educational loans. She said four dentists are currently receiving funds through this program. She said the **SLRP** was established through a grant from the federal Health Resources and Services Administration (HRSA). She said this program is only available in communities designated as dental HPSAs, and the state must match the federal funds. She said successful applicants may receive up to $60,000 to repay educational loans and must agree to a two-year contract at a site that accepts Medicare and Medicaid assignment and offers a reduced rate or no fee for services. She said three dentists are currently receiving funds, through this program.

Ms. Amundson said in addition to the state and federal/state programs, a **National Health Service Corps loan repayment program** also provides funding directly to dentists. She said communities must be located in dental HPSAs, and providers are selected for the program based on their HPSA score. She said through this program, several providers have been placed on the Turtle Mountain Reservation, and currently one provider is serving at a community health center. She said providers receive $50,000 in loan repayment funds for a two-year commitment. She said this program does not require matching funds, and providers may receive continuation awards.

Ms. Amundson said applicants have exceeded the number of awards available for the state-administered loan programs each year since 2008. She said in 2013, 7 of 13 applicants received loan repayment funding. She said of the 6 applicants not approved, 3 were not eligible and 3 were not approved due to lack of funding. She said the loan repayment programs have had success in placing dentists in rural and underserved areas of the state.

In response to a question from Senator Mathern, Ms. Amundson said safety net clinics are federally funded. She said a pilot program to provide funding for services at safety net clinics for those who cannot afford services might be appropriate.

In response to a question from Senator Lee, Ms. Amundson said dentists are not allowed to participate in more than one loan repayment program.

Ms. Kimberlie Yineman, Director, Oral Health Program, Family Health Division, State Department of Health, provided information (Appendix G) regarding medical service providers available to provide services in areas of the state identified by the North Dakota Dental Association as not having a dental professional. She said physicians, physician assistants, nurse practitioners, and emergency room providers see and treat patients with acute dental needs, but treatment is limited to the acute need and providers lack the training and equipment to address the underlying problem. She said medical and dental collaboration is a priority, and the department is working to increase oral health assessment, prevention, and referral within the scope of practice of medical professionals. She said the 2007 Legislative Assembly approved House Bill No. 1293 allowing physicians, physician assistants, registered nurses, licensed practical nurses, and advanced practice registered nurses to apply fluoride varnish upon the completion of a fluoride varnish curriculum approved by the State Board of Dental Examiners. She said medical providers can apply fluoride varnish which is inexpensive, requires minimal training, and is reimbursed by Medicaid and Healthy Steps. She said the ability of medical professionals to apply fluoride varnish increases the number of access points for oral health preventative services. She said the department has provided training in the application of fluoride varnish since 2008, and as a result, local public health units, clinics, and Head Start programs are applying fluoride varnish to children's teeth. She provided information (Appendix H) regarding dental HPSAs and facilities providing fluoride varnish in shortage areas.

In response to a question from Representative M. Nelson regarding measurable improvements in the dental health of the population, Ms. Yineman said data from multiple surveys of third graders indicates the use of sealants is increasing and the incidence of cavities is decreasing. She said the department will provide the survey results, as well as the results of an adult survey, to the committee.

In response to a question from Senator Heckaman, Ms. Yineman said when contacted by the department, dentists have shown a willingness to collaborate with medical providers to serve patients.

Senator Lee suggested the department meet with representatives of the North Dakota Dental Association, the North Dakota Medical Association, and the North Dakota Hospital Association to encourage collaboration.

At the request of Chairman Lee, Ms. Rita Sommers, Executive Director, State Board of Dental Examiners, provided information (Appendix I) regarding an update of the expanded function dental assistant and dental hygienist language under consideration by the State Board of Dental Examiners. She said the expanded function dental auxiliary (EFDA) exists in 44 states, the District of Columbia, Public Health Service, Indian Health Service, and the United States military. She said EFDAs exist in many states because the designation is used to describe varying degrees of expanded function auxiliaries. She said dental assistants are allowed to practice to their degree of education and licensure. She said a registered dental assistant may perform approximately 30 functions; however, a dental assistant that is not registered might be limited to 6 functions. She said EFDAs have been shown to improve efficiencies which can lead to increased access and lower costs.

Ms. Sommers distributed proposed amendments to Article 20-01 of North Dakota Administrative Code adopted by the State Board of Dental Examiners. She said the proposed amendments meet the minimal standard of competency required by regional clinical boards, national boards, and Commission on Dental Accreditation (CODA) standards. She said the proposed amendments broaden the scope of practice for the licensed dental hygienist and the registered dental assistant by creating two categories for each profession--the restorative function endorsement and the anesthesia assistant endorsement. She said the proposed amendments address training, examination, and supervision requirements of the endorsements. She said the proposed amendments include definitions for contiguous supervision and direct visual supervision. She said the level of supervision is commensurate with the scope of the procedure performed by the EFDA. She said oral assessment and oral hygiene treatment planning have been expanded, and the list of duties includes additional restorative and anesthesia functions performed under appropriate supervision.

In response to a question from Senator Lee, Ms. Sommers said the only accredited dental assistant program in the state is in Wahpeton.

In response to a question from Senator Lee, Ms. Sommers said dental hygienists in the state are currently allowed to perform many of the same functions that, according to CODA, are expected of a dental therapist. She said if the proposed amendments to North Dakota Administrative Code are approved, the placement of direct restoration would be the only addition to functions already performed by dental hygienists in the state.

In response to a question from Senator Lee, Ms. Sommers said there are 458 dentists licensed in the state. In addition, she said, there are 789 dental hygienists and 643 dental assistants in the state. She said increased oil activity is bringing more practitioners to the state.

In response to a question from Senator Lee, Ms. Sommers said dental assistants may be trained by the dentist they assist. She said they must accumulate 2,000 hours of on-the-job training and pass a national board examination. She said to pass the national board examination a chairside-trained dental assistant must be as prepared as a graduate of an accredited program.

In response to a question from Senator Mathern, Ms. Sommers said continuing education requirements are the same for chairside-trained and program-trained dental assistants. She said additional certifications may require additional continuing education.

In response to a question from Representative Fehr, Ms. Sommers said the board does not believe patients are at any additional risk if EFDAs perform approved procedures under appropriate supervision as indicated in the proposed amendments.

Ms. Samantha Kundinger, Chief Business Development Officer, Family HealthCare, Fargo, provided information (Appendix J) regarding barriers to dental access in the state. She said there are four safety net dental clinics in the state, three of which are federally qualified health centers (FQHCs). She said the dentists at the Family HealthCare clinic often perform extractions that could have been prevented with timely access to comprehensive education and

preventative care. She said the clinic has few places to refer patients needing more complex procedures, and the patients often go without necessary care. She said providers at safety net clinics struggle with the limited scope of practice because they are not practicing to the full extent of their training resulting in higher turnover rates at these clinics. She said barriers to dental care access include:

- An insufficient number of providers that accept Medicaid;
- The high cost of dental insurance results in uninsured individuals seeking expensive emergency care;
- Medicare does not cover dental services; and
- Distance patients must travel to access dental services at a safety net clinic.

Ms. Kundinger said the dental loan repayment program has made lower salaries at the clinic manageable for dentists and made it possible for the clinic to recruit dentists. She said some dentists have left the clinic for private practice when loan repayment was not available or it ended and debt still existed.

In response to a question from Senator Mathern, Ms. Kundinger said the clinic has adequate space, but challenges include recruiting and retaining dentists.

In response to a question from Senator Lee, Ms. Kundinger said in 2012, 37 percent of the general population of the clinic was uninsured, 33 percent was covered by Medicaid, 5 percent was covered by Medicare, and the remaining 25 percent was covered by private insurance.

In response to a question from Representative Fehr, Ms. Kundinger said the clinic has not determined what effect a midlevel provider would have on the clinic's ability to recruit and maintain staff.

Testimony (Appendix K) provided by Dr. Brent Holman, Pediatric Dentist, Fargo, regarding dental access in North Dakota was distributed to the committee. In addition, he provided an electronic copy (Appendix L) of a PowerPoint webinar related to oral health workforce policy options. He said access to dental care in North Dakota is improving. He said there has been an increase in dental public health safety net clinic infrastructure, including FQHC dental clinics, school sealant programs, and oral health partnerships that target specific areas of need, such as Head Start and Native American populations. He expressed concern there was no corresponding increase in dental Medicaid reimbursement with the Affordable Care Act Medicaid Expansion. He said his pediatric dental practice was reimbursed 53 percent of billed charges in 2013, which is below the cost of providing those services. He said the number of dentists in the state has been increasing; therefore, it may be early to adopt a midlevel provider model.

COMPREHENSIVE STATEWIDE TOBACCO PREVENTION AND CONTROL STUDY

At the request of Chairman Lee, Mr. Scott J. Davis, Executive Director, Indian Affairs Commission, provided information (Appendix M) regarding tobacco prevention and control activity on the reservations, efforts to collaborate with tribal programs, and recommendations for additional opportunities to collaborate. He said chemical additives found in commercial tobacco take away from tobacco's original purpose in tribal ceremonies. He said cigarettes and chewing tobacco have no connection to Native American spirituality. He said the State Department of Health began providing funding and technical assistance to each tribe in 2002, and in 2009, funding for local public health unit tobacco programs shifted from the State Department of Health to the North Dakota Center for Tobacco Prevention and Control Policy. He said the increase in funding enabled each tribal tobacco program to hire a tribal tobacco prevention coordinator, who is an enrolled member of the tribe. He said the Intertribal Tobacco Use Coalition, made up of tribal tobacco prevention staff from each reservation, community members, the Indian Affairs Commission, and the Northern Plains Tribal Tobacco Technical Assistance Center, coordinates tribal tobacco prevention activities and resources in the state. He said the Cansasa Coalition provides education regarding the differences between commercial and traditional tobacco and seeks to shift cultural norms so commercial tobacco use is no longer socially acceptable. He said stakeholders have been meeting to ensure there is no duplication of effort. He recommended agencies employ connections established by the Indian Affairs Commission and the State Department of Health, and the Indian Affairs Commission lead the development of a strategic plan to coordinate the tobacco prevention efforts on reservations. He said the State Department of Health efforts have resulted in some tobacco prevention and control successes on the reservations, but policy changes on the reservations regarding schools and public buildings are difficult.

Mr. Richard McCloud, Chairman, Turtle Mountain Band of Chippewa Indians, provided information regarding tribal tobacco prevention and control policy proposals. He said the Turtle Mountain Band of Chippewa Indians Tribal Council has asked for comments regarding a proposed tax on tobacco. He said tobacco use is responsible for a significant portion of the tribe's health care costs, and a tobacco tax would generate revenue to pay for health care services.

In response to a question from Senator Mathern, Mr. McCloud said the proposed tribal tobacco tax would be lower than the state tax on tobacco.

In response to a question from Representative Fehr regarding outcomes, Mr. McCloud said more businesses on the reservation are becoming smoke-free, and he has noticed a reduction in retail tobacco sales. He said there has been discussion regarding a smoke-free casino, but such a policy would need to be adopted by all of the casinos in the state to avoid losing business.

In response to a question from Representative D. Anderson, Mr. McCloud said if a tribal tobacco tax is approved, the tribe will work with the Tax Commissioner to administer the tax.

Senator Lee suggested the Indian Affairs Commission provide updates to the committee regarding a strategic plan to coordinate the tobacco prevention efforts on reservations, the proposed tribal tobacco tax, and efforts among the tribal leaders to reach a consensus regarding smoke-free casinos.

Ms. Krista Fremming, Director, Tobacco Prevention and Control Program, State Department of Health, provided information (Appendix N) regarding tobacco prevention and control activities on the reservations, efforts to collaborate with tribal programs, and recommendations for additional opportunities to collaborate. She said tribal tobacco program staff objectives include:

- Educate youth and the public on the dangers of commercial tobacco use.
- Engage health care personnel and tribal health stakeholders to manage chronic diseases adversely affected by tobacco use.
- Implement tobacco-free policies in public buildings, on school campuses, and in tribal housing.
- Collaborate with the Northern Plains Tribal Tobacco Technical Assistance Center to educate community health representatives using culturally specific materials on motivational interviewing to assess tobacco use with their clients.
- Educate reservation citizens on the dangers of secondhand smoke.
- Actively participate in the Intertribal Tobacco Abuse Coalition to coordinate statewide efforts to provide more effective tobacco prevention services and develop appropriate resources.
- Actively partner with tribal prevention coordinators to more effectively deliver prevention services.
- Evaluate readiness and implement tobacco taxes on reservations.

Ms. Fremming said on each reservation, tribal tobacco program staff works closely with tribal prevention program staff to coordinate activities between programs. She said tribal tobacco program staff also collaborates with tribal health programs and ensures their respective tribal councils are kept informed of tribal prevention activities. She said recently the State Department of Health coordinated a tribal tobacco strategic session to discuss effective processes to reduce tribal tobacco use. She said attendees agreed formal tribal tobacco strategic planning is needed to identify the best strategy to address tobacco use on the reservations, and the Indian Affairs Commission will direct the process.

Ms. Fremming provided information regarding tobacco prevention and control outcomes on the reservations. She said all of the reservations have smoke-free tribal buildings, and several schools on each reservation have adopted tobacco-free policies. She said the department has seen an increase in Native American enrollments in the statewide cessation program and the State Department of Health is partnering with the Intertribal Tobacco Abuse Coalition to advocate for smoke-free casinos statewide. She said the Standing Rock Reservation implemented a tobacco user fee in the early 1990s that effectively taxes tobacco at the same rate as the state.

Ms. Jackie Giron, Tobacco Prevention Coordinator, Turtle Mountain Band of Chippewa Indians, said smoke-free businesses and workplaces are evidence of progress on the reservations. She said her job is to educate tribal members and leadership. She said smoking is responsible for a large portion of the cost of health care on the reservation. She said a survey on the reservation showed support for a tobacco fee to provide funding for health care, tobacco prevention, and education funding.

At the request of Chairman Lee, Dr. Beth Hughes, Chair, Executive Committee, North Dakota Center for Tobacco Prevention and Control Policy, provided information (Appendix O) regarding tobacco prevention and control activities on the reservations, efforts to collaborate with tribal programs, and recommendations for additional opportunities to collaborate. She said grant programs supported by the center provide public education; promote

model comprehensive tobacco-free, smoke-free, and cessation referral policies; and provide funding for collaborative activities between tribal programs and state and local programs paid for by the center and other partner programs. She said local public health unit policy grant work on reservations has resulted in comprehensive tobacco-free policies at elementary schools and one tribal college. She said the center has awarded a special initiative grant to American Nonsmokers' Rights Foundation to advance commercial tobacco prevention policies on tribal lands and a contract to the Public Health Law Center to develop model comprehensive tobacco-free and smoke-free policies. She said the model comprehensive tobacco-free and smoke-free policies provide the greatest health protection possible, are enforceable, are equitable, and meet several specific criteria to be considered comprehensive. She said with model comprehensive policies as a standard, no group should be "left behind" with weaker smoke-free or tobacco-free laws than its neighbors. She said the center requires programs show policy and health outcomes that can be documented by adoption of model comprehensive policies and, over time, show reduction in tobacco use. She provided the following recommendations to strengthen efforts to reach American Indians and North Dakota residents on and off the reservation:

- Continued center and other funding of the comprehensive statewide tobacco prevention and control program at the Centers for Disease Control and Prevention (CDC) recommended best practices level.
- Continued and increased center communication and joint planning and implementation with other partners serving American Indians on and off reservations to assure any barriers to passage of model comprehensive policies are removed and policy and health outcomes are documented.
- Continued promotion of only model comprehensive tobacco-free, smoke-free, and cessation referral policies by the center and its grantees and other partners.
- Continued up-to-date validation and documentation of model comprehensive policies as provided by the center.

In response to a question from Senator Lee, Dr. Hughes said the American Nonsmokers' Rights Foundation is based in Berkeley, California, and the Public Health Law Center is located in Minnesota.

Senator Lee expressed concern regarding the rigidity of the model which may limit program flexibility. She said programs other than center-sponsored programs exist that have had positive outcomes. She suggested the center work with the tribes and the State Department of Health to address tobacco prevention and control on the reservations.

Dr. Hughes said she understands the frustration related to model comprehensive tobacco-free and smoke-free policies. She said there are other practices that work, but the center has a fiduciary responsibility to use best practices. She said the state's citizens and the Legislative Assembly expect outcomes and model policies and procedures that are evidence-based practices with proven outcomes. She said the center, the State Department of Health, and the Indian Affairs Commission have agreed to move forward with a strategic plan for tobacco prevention and control among Native Americans.

Senator Lee said each tribe is a sovereign nation with systems in place. She encouraged the center to communicate with the tribes and offer assistance where appropriate.

Senator Heckaman suggested the committee receive information regarding hospital policies on Native American smoking ceremonies. Senator Lee suggested the North Dakota Hospital Association provide information regarding hospital policies related to tobacco use in cultural ceremonies.

Mr. Keith Johnson, Administrator, Custer Health, Mandan, provided information (Appendix P) regarding tobacco prevention and control activities on the reservations, efforts to collaborate with tribal programs, and recommendations for additional opportunities to collaborate. He said local public health units (LPHUs) provide tobacco prevention and cessation programs within their service areas. He said LPHUs collaborate with the tribes, but because reservations are sovereign, they provide services on reservations only when requested. He said the focus of the LPHUs has been school policies, curricula, and smoking cessation opportunities.

Ms. Lisa Clute, Executive Officer, First District Health Unit, Minot, said multiple stakeholders can present challenges, but collaboration on the strategic plan is a step in the right direction.

Ms. Susan Kahler, Community Outreach Coordinator, Tobacco Prevention and Control, Bismarck-Burleigh Public Health, provided information (Appendix Q) regarding a partnership with the United Tribes Technical College. She said technical support and funding provided by the center enabled the public health unit to partner with the United Tribes Technical College to provide education, resources, and training, resulting in a tobacco-free campus effective January 1, 2014.

Testimony (Appendix R) on behalf of Ms. Barbara Frydenlund, Administrator/Director of Nursing, Rolette County Public Health District, was distributed. The testimony indicated collaboration with the center, and the implementation of CDC's *Best Practices for Comprehensive Tobacco Control Programs* has enabled Rolette County Public Health District to provide services to a culturally diverse population.

COMMUNITY PARAMEDIC STUDY

At the request of Chairman Lee, Mr. Tom Nehring, Director, Emergency Medical Services and Trauma Division, State Department of Health, provided information (Appendix S) regarding a community paramedic program in Colorado and the status of the community paramedic and community health care worker pilot program.

Mr. Nehring said a community paramedic program in Eagle County, Colorado, began taking patients in 2012. He said the model is rural and the majority of patients, most with logistical challenges and medication reconciliation, are seen in their own home. He said visits are made for vital sign checks, indigent populations, laboratory draws, mental health issues, home health visits, and to follow up on surgical patients. He said there is currently no third-party reimbursement in Colorado, but legislation has been introduced to provide for reimbursement and licensing.

Mr. Nehring said the 2013 Legislative Assembly approved one full-time equivalent (FTE) position in the State Department of Health to coordinate the ST-elevation myocardial infarction (STEMI) program and the community paramedic program. He said the department has determined it is unlikely one person would possess the skill set to perform both functions, so the department will hire two individuals for these functions. He said the Community Paramedic Subcommittee of the North Dakota Emergency Medical Services Advisory Committee has recommended a core group of trainers be established. He said the core group of trainers would attend an existing course in Minnesota and complete its clinical experience in North Dakota. He said upon successful completion of the training, this core group of trainers could begin training additional paramedics in North Dakota. He said the department will continue to conduct multidiscipline stakeholder meetings to provide an opportunity for questions and recommendations. He said licensure will be necessary for any third-party reimbursement of community paramedic services.

In response to a question from Senator Lee, Mr. Nehring said the School of Medicine, North Dakota State University, North Dakota State College of Science, and Lake Region State College have all expressed interest in establishing a community paramedic program. He said nationally there is a movement for emergency medical service (EMS) providers to attain a bachelor's degree with the community paramedic receiving additional training.

Senator Lee suggested the department continue to update the committee regarding the educational requirements of EMS providers and community paramedics.

In response to a question from Representative Fehr, Mr. Nehring said there has only been one documented legal case involving inappropriate care by a community paramedic in the country, and it was related to medication.

In response to a question from Representative Fehr, Mr. Nehring said the department has not yet addressed licensure. He said funding provided for the pilot project will be used to assist with training for the pilot project. He said eventually the cost of training community paramedics could be paid by the individuals and ambulance services.

In response to a question from Senator Lee, Mr. Nehring said there are currently no federal standards for community paramedics. He said in North Dakota, certification is done through the National Registry of Emergency Medical Technicians and licensure is done by the State Department of Health. He said the national registry has not yet recognized the community paramedic, so there is currently no accrediting body. He said he anticipates the national registry will address this new type of provider and develop a curriculum, but until then, states will have to develop their own standards.

In response to a question from Representative M. Nelson, Mr. Nehring said home health care services are generally aligned with institutions in cities, and there are not enough patients to make providing services in rural areas financially feasible.

OTHER COMMITTEE RESPONSIBILITIES

Ms. Nancy Kopp, Executive Secretary, North Dakota Veterinary Medical Association, provided information (Appendix T) regarding a workforce survey, national standards for the number of veterinarians, and the distribution of veterinarians in the state. She said there is a perceived shortage of veterinarians by producers in western areas of the state. She said the North Dakota Veterinary Medical Association does not believe there is a shortage of veterinarians in the state. She said areas of the state, particularly the western counties, struggle to keep a full-time

veterinarian available because animal numbers are low. She provided a map illustrating the geographic distribution of the state's veterinarians. She said information regarding a standard for the adequate number of veterinarians based on number of animals is not available. She said in 2013 the American Veterinary Medical Association suggested an adequate number of veterinarians was 32.15 per 100,000 in population, or approximately 225 veterinarians for a population of 700,000. She said there are 250 practicing veterinarians in the state.

Ms. Kopp said 50 clinics responded to a recent North Dakota Veterinary Medical Association survey. She said of the 37 clinics identifying their main practice, 22 were primarily companion animal, 13 were primarily food animal, and 14 were mixed practice. She said 48 of the 50 respondents indicated there was opportunity for growth. She said of the 15 recent veterinary medicine graduates responding, only one reported having difficulty finding a position in the state.

In response to a question from Senator Mathern, Ms. Kopp said there are two assistance programs available to veterinarians. She said the professional student exchange program (PSEP), which offers tuition assistance to students studying veterinary medicine, is not based on location; however, the veterinarian loan repayment program gives priority to veterinarians willing to practice in underserved areas of the state.

In response to a question from Senator Lee, Ms. Kopp said all available veterinarian loan repayment program funding has been allocated.

Senator Erbele suggested the committee receive information regarding the services veterinary technicians are allowed to perform; existing regulations, standards and certifications, including state and national requirements, and the processes to amend requirements; whether veterinary technicians could play a larger role in meeting the veterinary needs of the state; and the veterinary technician program at North Dakota State University.

Ms. Brenda Zastoupil, Director of Financial Aid, North Dakota University System, provided information (Appendix U) regarding the results of a survey of the graduates of PSEP and a report (Appendix V) on out-of-state programs in veterinary medicine, optometry, and dentistry pursuant to 2013 Senate Bill No. 2160. She said PSEP provided funding for 192 students from 1999 through 2010 and currently 94 students are participating in PSEP. She said a survey of PSEP alumni who graduated from professional studies in veterinary medicine, optometry, and dentistry from 2003 through 2013 was conducted in fall 2013. She said 159 of the 192 graduates were surveyed and 40 percent (63 graduates) responded. She said surveys returned included 14 dental professionals, 20 veterinarian professionals, and 29 optometry professionals. She said 71 percent of the dental professionals responding to the survey practice in North Dakota, while 45 percent of the veterinarians and 28 percent of the optometrists responding to the survey practice in the state.

Ms. Zastoupil said PSEP guarantees access to education programs in veterinary medicine, dentistry, and optometry and provides a means to meet the state's workforce needs in those professions. She said the program was designed to provide access to programs not available in the state. She said the PSEP budget for the 2013-15 biennium is approximately $4.5 million, of which $3.8 million is from the general fund, $465,307 is from the student loan trust fund, and $186,532 is available from carryover. She said the carryover resulted from optometry and veterinary slots that were not filled for the 2012-13 school year. She said PSEP anticipates filling all available freshman slots during the 2013-14 school year at a cost of $412,635. She said the cost of continuing students will total $1.5 million during the 2013-14 school year. She said the North Dakota University System (NDUS) is working with Western Interstate Commission for Higher Education (WICHE) to provide flexibility between professional program slots to fully utilize funding available. She said PSEP has received an average of 61 applications per year over the last six years with most applicants in dentistry and veterinary medicine. She said based on estimated tuition and fees for the 2013-14 school year, tuition support provided by PSEP ranged from 23.2 percent in the dentistry program at the University of Minnesota to 57.5 percent in the veterinary program at Kansas State University. She said students attending the University of Minnesota in the veterinary and dentistry programs are subsidized at a lower rate than those attending WICHE and other schools.

In response to a question from Senator Lee, Ms. Zastoupil said tuition support is based on a contract rate. She said for some schools, that amount is the difference between the resident and nonresident tuition rate, while at others it may be a negotiated rate. She said tuition support at a WICHE school is based on a flat rate.

In response to a question from Senator Lee, Ms. Zastoupil said the State Board of Higher Education (SBHE) is responsible for developing the contracts.

Senator Mathern said tuition is being subsidized in professions that have not shown an identifiable need. He said the report presents an opportunity to develop a policy. He suggested the committee establish common principles, such as the state's need for professionals, for the SBHE to apply when allocating funding for

professional programs. He said the committee could also provide guidance on the consistency of the tuition subsidies from one program to another.

Senator Lee suggested NDUS, based on need, equitable contributions, and recognizing the demands of the institutions with which SBHE contracts, provide recommendations for changes to PSEP. She suggested NDUS provide recommendations for ways to simplify the program for students and NDUS.

Ms. Zastoupil said nationally the average student debt of veterinary graduates is $162,113, the debt of dentistry graduates is over $221,000, and the debt of optometry graduates ranges from $150,000 to $200,000. She said, based on the NDUS survey, most of the PSEP graduates in each profession reported debt as follows:

- Veterinary students' debt ranged from $75,000 to $150,000;
- Dentistry students' debt ranged from $150,000 to $250,000; and
- Optometry students' debt ranged from $100,000 to $150,000.

Ms. Zastoupil said nationally, the average starting salary of a veterinarian is $48,674, while a dentist's starting salary ranges from $145,240 to $150,223 and an optometrist's starting salary ranges from $65,000 to $120,000. She said the debt levels for veterinarians are more arduous given their lower starting salaries.

Ms. Zastoupil said there is anticipated growth in the workforce needs of PSEP professions over the next seven years due to an aging workforce, the needs of an aging population, and the Affordable Care Act. She said in all professions there is a distribution issue. She said survey respondents indicated that rural areas of the state lack the volume needed to make a practice profitable. She said respondents also expressed the desire for a diverse practice that allowed for specialization.

Ms. Zastoupil said based on data collected by WICHE, which includes both states with payback features and without payback features, the average return rate over a 10-year period was 68 percent. She said the return rate for states which employ a contractual payback feature is 85 percent, while the return rate of PSEP participants to North Dakota is 31 percent. She said NDUS survey data also indicated most of the PSEP graduates were licensed and practicing in the Midwest and Upper Midwest. She said of those responding to the survey, 60 percent of the veterinarians, 64 percent of the dentists, and 41 percent of the optometrists indicated they did pursue a career in North Dakota. She said of those respondents not practicing in North Dakota, reasons for not returning included lack of job opportunities at the time of graduation, the financial strain of debt, family, and personal choice. She said 71 percent of the NDUS survey respondents indicated that, even if students were required to pay back the PSEP assistance if they did not return to the state to practice, they still would have applied for PSEP. She said the North Dakota PSEP previously included a payback feature and the return rate to North Dakota up to 1983 (when the repayment requirement was repealed) was 50 percent. She said if a payback feature were implemented, considerations should include:

- Administrative costs and burden;
- Loan terms and conditions;
- Creating or increasing rural or underserved incentives;
- Job availability in the state;
- Startup assistance available to new graduates;
- Affordability of living and working in rural and underserved areas;
- Use of funding repaid by nonreturning students to further promote educational incentives;
- Funding estimated to be paid back;
- Life choices of students after graduation;
- Justification of a payback feature for all programs;
- Equity among all professional programs receiving state support;
- Effects of the Affordable Care Act on dental and optometry practices.

Senator Mathern said some health care providers are recruiting students prior to graduation and offering contracts that pay a stipend and guarantee a job upon graduation.

In response to a question from Senator Heckaman, Ms. Zastoupil said the survey did not request information regarding students receiving job offers prior to graduating from a professional program. Senator Heckaman suggested NDUS gather, if possible, information from students that committed to a job prior to graduation.

In response to a question from Representative Fehr, Ms. Kopp said license portability would not be a barrier in veterinary medicine or optometry.

Senator Lee suggested the committee receive a copy of Senate Bill No. 2160 for review at the next meeting.

Ms. Kopp suggested the committee also consider subsidies which support other health care professionals educated in the state and the retention of those professionals.

Representative Fehr said the fee-for-service system is a barrier to practicing in a rural community. He said discussion regarding services in rural communities and the distribution of professionals should consider the fee-for-service reimbursement system.

COMMITTEE DISCUSSION AND STAFF DIRECTIVES

Chairman Lee said the next committee meeting will tentatively be scheduled in April.

It was moved by Senator Erbele, seconded by Representative Fehr, and carried on a voice vote that the meeting be adjourned, subject to the call of the chair.

The meeting adjourned subject to the call of the chair at 3:17 p.m.

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Sheila M. Sandness
Senior Fiscal Analyst

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Allen H. Knudson
Legislative Budget Analyst and Auditor

ATTACH:22