

## DENTAL SERVICES STUDY - BACKGROUND MEMORANDUM

The Legislative Assembly approved 2013 House Bill No. 1454. Section 1 of the bill ([Appendix A](#)) provides the Legislative Management study how to improve access to dental services and ways to address dental service provider shortages, including the feasibility of utilizing midlevel providers, whether the use of incentives for dental service providers to locate in underserved areas in the state may improve access, and whether the state's medical assistance reimbursement rates impact access to dental services.

### PREVIOUS STUDIES

The 2005-06 Higher Education Committee received information from the North Dakota University System regarding a professional student exchange program study conducted by the State Board of Higher Education. The board directed the Chancellor to conduct a study regarding access options and other solutions to help meet the needs of the state in dentistry, optometry, and veterinary medicine; the admissions selection process; and long-term funding for the professional student exchange program and a program at Kansas State University. The board adopted the following recommendations related to the professional programs, including dental professionals:

- Meeting North Dakota's workforce needs be the primary factor in making annual allocations and biennium funding decisions between the three professional programs. Student demand and interest in each of the three professional programs should be the secondary factor.
- Maintain the current allocation of slots between the three professional programs. Allocate new slots based on the factors outlined above.
- Maintain all current professional program options available through the Western Interstate Commission for Higher Education, Minnesota, Kansas, and Iowa. Review all program options every three years to five years to explore other ways to improve the partnership and communication to provide expanded opportunities for North Dakota and North Dakota students.
- Pursue conversations and negotiations with Kansas and Iowa in an attempt to establish fixed price contracts and other additional benefits for North Dakota students, such as internship and externship opportunities.
- Create a new state-funded community matching loan forgiveness program, primarily targeted at rural or underserved communities, to provide an incentive to encourage graduates to return to North Dakota to practice. If a community loan forgiveness program is not implemented and funded, a repayment program provision should be implemented in each of the three professional programs as a means of encouraging students to return to North Dakota to practice following graduation.
- Any funds collected as a result of a repayment provision be used to provide funding for additional slots according to the guidelines previously outlined.

The 2007-08 Human Services Committee received a report on the status of medical assistance recipients' access to dental services. The committee learned under the Medicaid program dental-related expenditures totaled \$12.3 million for the 2005-07 biennium and \$14.5 million for the 2007-09 biennium. During the 2009-11 biennium, dental expenditures under Medicaid totaled \$23.5 million--a 62 percent increase from 2007-09 biennium expenditures. Dental providers expressed concerns regarding patients who fail to appear for the appointment and the level of reimbursement for services provided.

During the 2011-13 biennium and 2013-15 biennium, funding appropriated for Medicaid dental services totaled \$24 million and \$28.7 million, respectively.

### DENTAL SERVICES PROGRAMS

Programs available in the state to provide free or low-cost dental care include Medicaid, Healthy Steps, Caring for Children, Health Tracks, and mobile dental care services.

#### Medicaid

Medicaid was authorized in 1966 for the purpose of strengthening and extending the provision of medical care and services to people whose resources are insufficient to meet their medical-related costs. Corrective, preventative, and rehabilitative medical services are provided with the objective of retaining or attaining capability for independence, self-care, and support. For those that qualify, Medicaid may provide aid to those without health insurance or for those whose health insurance does not cover all of their needs. Medicaid pays for health services for qualifying families with children and individuals who are pregnant, elderly, or disabled. Funding is

shared by federal, state, and county governments with eligibility determined at the county level. Medicaid provides limited dental care services, and copayments may apply for certain recipients.

### **Healthy Steps**

The state children's health insurance program, also known as Healthy Steps, provides premium-free health coverage to uninsured children in qualifying families. It is intended to help meet the health care needs of children from working families that earn too much to qualify for full Medicaid coverage but not enough to afford private insurance. There are no monthly premiums in the Healthy Steps program, but most families are required to pay copayments for emergency room visits, hospitalization, and prescriptions. Copayments are not required for American Indian children. Healthy Steps-covered services include inpatient hospital stay; medical and surgical services; outpatient hospital and clinic services; mental health and substance abuse services; prescription medications; routine preventative services, such as well baby checkups and immunizations; dental and vision services; and prenatal services. To qualify, a family's net income (after deducting child care costs and payroll taxes, such as Social Security tax, Medicare tax, and income tax) must be greater than the Medicaid level but cannot exceed 160 percent of the federal poverty level.

### **Caring for Children**

Caring for Children is a benefit program for eligible North Dakota children up to age 19 who do not qualify for Medicaid or Healthy Steps and have no other insurance. Benefits include primary and preventative medical and dental care. Caring for Children is a program of the North Dakota Caring Foundation, Inc.--a nonprofit 501(c)(3) foundation established by Blue Cross Blue Shield of North Dakota in 1989. Blue Cross Blue Shield provides Caring for Children administrative services as an in-kind donation.

Children are eligible for Caring for Children if they are:

1. A resident of the state of North Dakota;
2. A United States citizen or legal permanent resident;
3. Under age 19;
4. Unmarried and whose guardians have an annual income between 161 and 200 percent of the federal poverty level;
5. Without comprehensive medical coverage through Medicaid, Healthy Steps, or a private insurance carrier; and
6. Within household income guidelines of the North Dakota Caring Foundation, Inc.

### **Health Tracks**

Health Tracks (formerly early periodic screening diagnosis and treatment) is a preventative health program that is free for children aged 0 to 21 who are eligible for Medicaid. Health Tracks pays for screenings, diagnosis, and treatment services to help prevent health problems from occurring or help keep health problems from becoming worse. Health Tracks also pays for orthodontics (teeth braces), glasses, hearing aids, vaccinations, counseling, and other important health services.

### **Mobile Dental Care Services**

The Legislative Assembly in 2009 House Bill No. 1231 provided \$196,000 of one-time funding from the general fund to the State Department of Health for a mobile dental care service grant. The grant was to be used to help establish mobile dental care services. An area foundation is responsible for ongoing costs estimated at \$400,000 per year. The Legislative Assembly in 2013 House Bill No. 1135 provided an additional one-time appropriation of \$100,000 from the general fund to the State Department of Health for a grant to the organization to provide mobile dental care services, including dental treatment, prevention, and education services to low-income and underserved children in areas of the state with limited or unavailable dental services.

## **DENTAL SERVICE PROVIDER PROGRAMS**

### **Dentists' Loan Repayment Program**

The dentists' loan repayment program, which is administered by the Health Council, was established in 2001 Senate Bill No. 2276 in North Dakota Century Code Chapter 43-28.1 ([Appendix B](#)). Each year the Health Council is to select up to three dentists who agree to provide dental services in the state. The dentists are eligible to receive funds, not to exceed a total of \$80,000 per applicant, for the repayment of their educational loans. The funds are payable over a four-year period (\$20,000 per year). The dentists' loan repayment program is to provide

the highest priority for acceptance into the program to dentists willing to serve the smallest and most underserved communities in North Dakota. Senate Bill No. 2152 (2007) provided a dentist practicing in Bismarck, Fargo, or Grand Forks must have received dental medical payments of at least \$20,000 in the form of medical assistance reimbursement or practiced at least two full workdays per week at a public health clinic or nonprofit dental clinic in order to qualify for the dentists' loan repayment program. The 2011 Legislative Assembly appropriated \$440,000, of which \$180,000 is from the general fund and \$260,000 is from the community health trust fund, for the dentists' loan repayment program. The 2013 Legislative Assembly appropriated \$520,000, of which \$180,000 is from the general fund and \$340,000 is from the community health trust fund, for the dentists' loan repayment program, \$80,000 more than the 2011-13 biennium legislative appropriation. Dentists accepted into the program per biennium include:

<b>Biennium (Number of Dentists Accepted Into Program)</b>	<b>Communities Served</b>
2001-03 biennium (3)	Minot (2) Larimore
2003-05 biennium (6)	Fargo Community Health Center New Rockford Grand Forks Fargo Bismarck West Fargo
2005-07 biennium (4)	Fargo Community Health Center Bismarck (serving special populations) Mott Minot
2007-09 biennium (6)	Park River Bismarck Grand Forks Cando/Devils Lake Rugby Wishek
2009-11 biennium (6)	Bismarck Fargo Jamestown Larimore Valley City Williston
2011-13 biennium (6)	Bowman Hazen Langdon/Walhalla Carrington Cavalier Williston

### **Public Health Dentists' Loan Repayment Program**

The Legislative Assembly in 2009 Senate Bill No. 2358 provided an appropriation of \$180,000 from the general fund for a loan repayment program for dentists in public health and nonprofit dental clinics. The bill also created Section 43-28.1-01.1 which allows, if funds are appropriated, the Health Council to select up to three dentists who provide or will provide dental services for three years in a public health clinic or nonprofit dental clinic that uses a sliding fee schedule to bill patients for loan repayment grants. The grant award is \$60,000 per recipient and is paid over a two-year period. The 2011 Legislative Assembly did not provide funding for this loan repayment program. The Legislative Assembly in 2013 Senate Bill No. 2354 provided \$180,000 from the general fund to fund the public health dentists' loan repayment program for three dentists who practice in a public health setting or a nonprofit dental clinic that uses a sliding fee schedule to bill patients.

### **Dental Practice Grant Program**

Senate Bill No. 2152 (2007) provided for a dental practice grant program. A dentist who has graduated from an accredited dental school within the previous five years and is licensed to practice in North Dakota may submit an application to the Health Council for a grant for the purpose of establishing a dental practice in North Dakota cities with populations of 7,500 or less. The council may award a maximum of two grants per year with a maximum grant award of \$50,000 per applicant to be used for buildings, equipment, and operating expenses. The community in which the dentist is located must provide a 50 percent match. The grant must be distributed in equal amounts over a five-year period, and the dentist must commit to practice in the community for five years. The 2011 Legislative Assembly appropriated \$30,000, of which \$20,000 is from the general fund and \$10,000 is

from the community health trust fund, for the dental practice grant program during the 2011-13 biennium. The State Department of Health continues to make payments related to one grant awarded to a dentist in Larimore during the 2009-11 biennium and has not had any applicants during the 2011-13 biennium. The 2013 Legislative Assembly appropriated \$25,000 from the community health trust fund for the dental practice grant program, \$5,000 less than the legislative appropriation for the 2011-13 biennium.

### **ASSESSMENT OF ORAL HEALTH IN NORTH DAKOTA**

In 2012 the Center for Health Workforce Studies at the School of Public Health, University at Albany, performed an environmental scan and contextual assessment of the oral health of North Dakota's residents. The research, done with support from the Otto Bremer Foundation and the Pew Center on the States Children's Dental Campaign--involved a literature review, analysis of available secondary data, and interviews with 48 stakeholders in oral health. The executive summary of the report ([Appendix C](#)), published in August 2012, indicated 360 licensed dentists had practice addresses in North Dakota and another 24 dentists were licensed in North Dakota but had principal practice addresses in a contiguous state. A total of 518 licensed dental hygienists have practice addresses in North Dakota, and another 82 dental hygienists are licensed to practice in North Dakota but have practice addresses in contiguous states. The report also indicated 83 dental hygienists maintain a North Dakota license, but have no current practice address, suggesting there is more capacity within the profession than jobs.

To fully function as a registered dental assistant in North Dakota, a dental assistant must be a graduate of an accredited program or be certified by the Dental Assisting National Board as a certified dental assistant. Chairside-trained dental assistants--known as qualified dental assistants--exist, but the scope of their work is more restrictive than that performed by a registered dental assistant. Some dental hygienists, with either formal or chairside training, are working as dental assistants in dental practices. The scope of the work performed by these dually trained dental hygienists is more restrictive, but they may provide flexibility in a dental practice since they can function in a number of roles allowing the practice to respond to changing demands.

As is true in the rest of the country, oral health professionals are located mostly in urban areas of the state. Sixteen counties are without a practicing dentist. The federal government has designated 31 dental health professional shortage areas in the state which lack sufficient providers to meet the dental needs of the population. The report indicates, while the state has made progress in increasing access to oral health services, some populations still have limited access to these services, including children, especially the very young and those Medicaid-eligible; rural populations; low-income adults; the elderly; and American Indians.

A shortage of dentists willing to accept Medicaid patients has resulted in a small number of dentists in the state treating the majority of children on Medicaid and limiting the availability of oral health services even in areas of the state where there is an adequate supply of dental professionals.

### **STUDY PLAN**

The committee may wish to proceed with this study as follows:

1. Gather and review information regarding dental service needs in the state, options to improve access to dental services in the state--especially in rural areas, whether the use of incentives for dental service providers to locate in underserved areas in the state may improve access, whether the state's medical assistance reimbursement rates impact access to dental services, and ways to address dental service provider shortages in the state, including the role of midlevel providers in providing dental services in the state. Organizations to request information from include the North Dakota Dental Association, North Dakota Dental Hygienists' Association, North Dakota Dental Assistants' Association, Department of Human Services, State Department of Health, and University of North Dakota Center for Rural Health.
2. Receive information regarding the environmental scan and contextual assessment of the oral health of North Dakota's residents performed in 2012 by the Center for Health Workforce Studies at the School of Public Health, University at Albany, with support from the Otto Bremer Foundation and Pew Center on the States Children's Dental Campaign.
3. Receive information from the Department of Human Services and the State Department of Health regarding programs and services available to provide dental services in rural areas of the state.
4. Receive information from the University System regarding shortages of dental service professionals in the state and how University System programs address dental service provider shortages in the state.

5. Gather and review information on federal health care initiatives, including how they will affect access to dental services in the state.
6. Develop committee recommendations and prepare any legislation necessary to implement the committee recommendations.
7. Prepare a final report for submission to the Legislative Management.

ATTACH:3