

February 18, 2025

Sixty-ninth  
Legislative Assembly  
of North Dakota

## PROPOSED AMENDMENTS TO

### HOUSE BILL NO. 1567

Introduced by

Representatives Schneider, Brown, Davis, Finley-DeVille, McLeod, Mitskog, Nelson, Hager  
Senators Bekkedahl, Hogan

1 A BILL for an Act to provide for a legislative management study relating to dental and oral health  
2 care status among Medicaid recipients and workforce support to improve access for low-income  
3 children, Native American children, and individuals with disabilities; ~~and to provide an~~  
4 ~~appropriation.~~

5 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

6 **SECTION 1. LEGISLATIVE MANAGEMENT STUDY - ACCESS TO DENTAL AND ORAL**  
7 **HEALTH CARE SERVICES FOR LOW-INCOME CHILDREN, NATIVE AMERICAN**  
8 **CHILDREN, AND INDIVIDUALS WITH DISABILITIES.**

9 1. During the 2025-26 interim, the legislative management shall consider studying the  
10 unmet dental and oral health care needs of low-income children, Native American  
11 children, and individuals with disabilities. The study must include:

12 a. An overview of the dental and oral health care status of Medicaid recipients,  
13 including low-income children, Native American children, and individuals with  
14 disabilities, both on and off reservations;

15 b. Evaluation of the importance of receiving dental and oral health care services,  
16 the impacts and outcomes of not receiving services, general health  
17 consequences, complications, and expanded costs of future care;

18 c. Review of state and federal regulations, policies, and procedures limiting or  
19 perceived as limiting dentist provider enrollment in Medicaid, including  
20 impediments to enrollment, length of credentialing and recredentialing, reasons

- 1 | for provider termination, prior authorizations, attachments, appeals, and timely  
2 | payments;
- 3 | d. Availability of, and access or barriers to, complex dental services for Medicaid  
4 | recipients with disabilities or dental conditions which might require anesthesia or  
5 | critical care;
- 6 | e. Review of Medicaid dental reimbursement rates for a selection of preventative  
7 | and treatment services in this state compared to other states, private payers, and  
8 | in comparison to real cost for dental teams to determine potential need to  
9 | increase reimbursement rates;
- 10 | f. Review of barriers and opportunities relating to expanding education for dentists  
11 | and dental staff, including consideration of a new dental school in this state, long-  
12 | term partnership with regional dental schools, and increased dental student  
13 | residencies located in this state;
- 14 | g. Consideration of the expansion or promotion of programs that offer support and  
15 | resources to enable on-the-job training and apprenticeships for dental assistants,  
16 | including the visibility of providing state and federal resources to support  
17 | providers offering such training;
- 18 | h. Consideration of expansion or creation of volunteer and charitable dental  
19 | programs and nonprofit services;
- 20 | i. Evaluation of ways to improve accessibility to dental and oral health care  
21 | services for Medicaid recipients, including low-income children, Native American  
22 | children, and individuals with disabilities, both on and off reservations;
- 23 | j. Exploration of the feasibility of partnerships between state programs and tribal  
24 | health organizations to enhance delivery;
- 25 | k. Review of programs designed to recruit and retain dental health providers, such  
26 | as loan forgiveness or incentives for dentists working in underserved  
27 | communities, including tribal communities; ~~and~~
- 28 | l. Exploration of the use of telehealth solutions to reach rural areas, including tribal  
29 | communities;

- 1 m. Review of dental provider participation with dental insurers, including the  
2 percentage of dental providers in-network and out-of-network for the largest  
3 dental insurers;
- 4 n. Review of charges covered by dental benefit plans and out-of-pocket costs for  
5 dental care;
- 6 o. Review of dental program preauthorization and service coverage in adherence to  
7 clinical guidelines of the American dental association and the American academy  
8 of pediatric dentistry;
- 9 p. Review of the provider relations program for answering questions from providers  
10 and staff, online and in-person education and training to providers and staff to  
11 promote efficiency and effectiveness;
- 12 q. Consideration of program staff credentials for appropriate oversight of clinical  
13 care for claim preauthorizations and approvals;
- 14 r. Consideration of the administrative system addressing grievances and appeals of  
15 submitted claims and preauthorizations to assess the system's responsiveness  
16 and review the ability to submit additional documentation, such as x-rays and  
17 photos using an online portal;
- 18 s. Review of parity in the submission of claims between private offices, nonprofit  
19 dental clinics, and federally qualified health centers;
- 20 t. Consideration of the potential effects of dental Medicaid expansion and increase  
21 in adult Medicaid-eligible enrollees on access to dental care, administrative  
22 efficiency, and participation of dentists in the Medicaid program;
- 23 u. Review of dental claims administration including the percentage of  
24 preauthorizations and denials;
- 25 v. Review of call center management including the number of calls, average hold  
26 time, and caller satisfaction;
- 27 w. Review of cases and decisions by a program administration related to audits and  
28 claims review to determine what percentage were completed with a peer review  
29 committee that includes a licensed dentist and a licensed dentist of a specialty;
- 30 x. Review the quality improvement system that assists providers in providing  
31 clinically appropriate care in accordance with the guidelines of the American

1 dental association and the American academy of pediatric dentistry clinical  
2 guidelines;

3 y. Analysis of the information required by centers for Medicare and Medicaid form  
4 416, in compliance with Medicaid early and periodic screening, diagnostic, and  
5 treatment, including the percentage of eligible children receiving any dental  
6 service, preventative service, or sealants;

7 z. Analysis of provider participation and recredentialing of dental providers with  
8 Medicaid, the average benefit paid per user and beneficiary, the geographical  
9 distribution of active providers with active recipients in the state, and provider  
10 participation surveys; and

11 aa. Review of ambulatory surgery and hospital facility claims for dental rehabilitation  
12 procedures that require monitored anesthesia for children to compare with other  
13 medical providers providing similar same-day surgical services.

14 2. The study may include broader considerations of unmet needs for dental services for  
15 all Medicaid recipients, data for those recipients, and any current for remediation with  
16 goals, objectives, projected costs, and implementation timetables.

17 3. The legislative management shall report its findings and recommendations, together  
18 with any legislation required to implement the recommendations, to the seventieth  
19 legislative assembly.

20 ~~SECTION 2. APPROPRIATION -- DEPARTMENT OF HEALTH AND HUMAN SERVICES --~~  
21 ~~ORAL HEALTH PROGRAM STUDENT ROTATION EXPANSION. There is appropriated out of~~  
22 ~~any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of~~  
23 ~~\$97,000, or so much of the sum as may be necessary, to the department of health and human~~  
24 ~~services for the purpose of supporting the department's oral health program student rotations~~  
25 ~~across the state, including community health centers serving Native American populations, and~~  
26 ~~for dental student recruitment efforts, for the biennium beginning July 1, 2025, and ending~~  
27 ~~June 30, 2027.~~