

**FIRST ENGROSSMENT**

**ENGROSSED 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.

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

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

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

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

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

17 c. Review of state and federal regulations, policies, and procedures limiting or  
18 perceived as limiting dentist provider enrollment in Medicaid, including  
19 impediments to enrollment, length of credentialing and recredentialing, reasons  
20 for provider termination, prior authorizations, attachments, appeals, and timely  
21 payments;

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

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

- 1           y. Analysis of the information required by centers for Medicare and Medicaid  
2           form 416, in compliance with Medicaid early and periodic screening, diagnostic,  
3           and treatment, including the percentage of eligible children receiving any dental  
4           service, preventative service, or sealants;
- 5           z. Analysis of provider participation and recredentialing of dental providers with  
6           Medicaid, the average benefit paid per user and beneficiary, the geographical  
7           distribution of active providers with active recipients in the state, and provider  
8           participation surveys; and
- 9           aa. Review of ambulatory surgery and hospital facility claims for dental rehabilitation  
10           procedures that require monitored anesthesia for children to compare with other  
11           medical providers providing similar same-day surgical services.
- 12         2. The study may include broader considerations of unmet needs for dental services for  
13           all Medicaid recipients, data for those recipients, and any current for remediation with  
14           goals, objectives, projected costs, and implementation timetables.
- 15         3. The legislative management shall report its findings and recommendations, together  
16           with any legislation required to implement the recommendations, to the seventieth  
17           legislative assembly.