

March 24, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

**PROPOSED AMENDMENTS TO
FIRST ENGROSSMENT**

ENGROSSED HOUSE BILL NO. 1567

Introduced by

Representatives Schneider, Brown, Davis, Finley-DeVillle, 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

- 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;
- 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
4 form 416, in compliance with Medicaid early and periodic screening, diagnostic,
5 and 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 plans for remediation
16 with goals, objectives, projected costs, and implementation timetables.
- 17 3. The study may include a focus on solutions to identified needs including a review of
18 scope of practice and additional providers and provider types.
- 19 4. The legislative management shall report its findings and recommendations, together
20 with any legislation required to implement the recommendations, to the seventieth
21 legislative assembly.