

**1999 HOUSE HUMAN SERVICES**

**HB 1452**

1999 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1452

House Human Services Committee

Conference Committee

Hearing Date January 27, 1999

Tape Number	Side A	Side B	Meter #
1		X	11.2 - 35.7
Committee Clerk Signature <i>Susann Lindteigen</i>			

Minutes:

Representative GERALD O. SVEEN, District 6, testified that children require dental anesthesia but private insurance companies or nonprofit health service corporations don't provide coverage.

Blue Cross Blue Shield does cover it.

JOE CICHY, Attorney, ND Dental Association, testified and presented an amendment (attached).

SCOTT KLEIN, MD, ND Society of Anesthesiologists, (Testimony attached).

BRENT L. HOLMAN, DDS, Fargo, testified (Testimony and photograph attached). Introduced Tory - 4 year old). Three choices for dental work: (1) dental office, (2) medication, and (3) surgery at hospital.

Rep. AMY KLINISKE asked is it not true that when its done in the dental office its not covered, but its covered if done in the hospital? BRENT HOLMAN stated no, that's not true. The only safe way to do it is in the hospital.

Rep. CLARA SUE PRICE asked is it covered, if its done by an oral surgeon? BRENT HOLMAN stated there is a difference in procedure and oral surgeons don't do that. The amendment eliminates the oral surgeon offices.

LORI BAZEY, Certified Registered Nurse Anesthetist, testified (Testimony attached). Thirty children from the Grand Forks area would have benefited this past year.

Rep. TODD PORTER asked how are procedures performed in Grand Forks? LORI BAZEY stated sometimes its with no anesthesia, some use nitrous oxide, or no treatment, and general anesthesia at a hospital. Rep. TODD PORTER asked is there any arrangement to do a local in the dentists office. LORI BAZEY replied the cost of anesthesia equipment isn't realistic with a few patients.

KATHLEEN MANGSKAU, Director, ORAL HEALTH PROGRAM, Department of Health, testified (Testimony attached).

Rep. ROBIN WEISZ asked how many ND children fall under this bill? KATHLEEN MANGSKAU stated the hospitals discharge 70-80%. The database states 155.

Rep. BLAIR THORESON asked is this condition caused by baby bottle tooth decay and does it affects baby or permanent teeth? KATHLEEN MANGSKAU stated both.

ROD LARSON, Blue Cross/Blue Shield, testified we provide this benefit and are philosophically opposed to the legislation.

Page 3

House Human Services Committee

Bill/Resolution Number 1452

Hearing Date January 27, 1999

Rep. TODD PORTER asked why is the fiscal note from general and special funds? ROD

LARSON stated that PERS establishes state benefits and not aware of things PERS does not cover.

Rep. CLARA SUE PRICE asked about the thirty children and whether small employer groups and PERS provide coverage. ROD LARSON stated yes. Rep. CLARA SUE PRICE discussed about one-third of the group plans aren't providing coverage.

TOM SMITH, Lobbyist, testified in opposition to mandated coverage. As an employer, we try to provide good benefits. It's an unbelievable cost burden on employers. In the future, employers may not be able to provide benefits. ND has twenty some mandated benefits now.

Hearing closed.

1999 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1452

House Human Services Committee

Conference Committee

Hearing Date February 1, 1999

Tape Number	Side A	Side B	Meter #
1		X	7.0 - 20.0
Committee Clerk Signature <i>Susann Lindteigen</i>			

Minutes:

Rep. CLARA SUE PRICE explained Blue Cross Blue Shield is already covered and only small employer groups would be affected.

Rep. PAT GALVIN moved DO PASS.

Motion died due to lack of a second.

Rep. WANDA ROSE moved to ADOPT AMENDMENT.

Rep. RALPH METCALF second the motion.

ROLL CALL VOICE VOTE: 14 yeas, 0 nays, 1 absent

Rep. TODD PORTER moved DO NOT PASS As AMENDED.

Rep. AMY KLINISKE second the motion.

Further Committee Discussion.

Page 2

House Human Services Committee

Bill/Resolution Number HB 1452

Hearing Date February 1, 1999

Rep. TODD PORTER expressed concern that eventually small employer groups won't be able to afford insurance coverage and that the mandates will price them right out of the market.

Rep. CHET POLLERT stated as a business, we pay Blue Cross Blue Shield insurance benefits at a cost of \$450 per month per employee. Its a 16% increase for the employer.

ROLL CALL VOTE #5: 8 yeas, 7 nays, 0 absent.

CARRIER: Rep. CHET POLLERT

Revised  
FISCAL NOTE

(Return original and 10 copies)

Bill/Resolution No.: HB 1452 Amendment to: \_\_\_\_\_

Requested by Legislative Council Date of Request: 1-20-99

1. Please estimate the fiscal impact (in dollar amounts) of the above measure for state general or special funds, counties, cities, and school districts.

**Narrative:**

As a result of additional information from Blue Cross Blue Shield that indicated they are presently paying for these services in the PERS plan, we are able to revise the previous fiscal note. Since this service is not specifically identified as a covered service in the plan document, the actuary had developed the previous fiscal note based upon the belief that the services proposed in this bill would be new covered services for PERS. However, since BCBS is presently reimbursing for these services this would not be a new service to PERS and, therefore, there would be no fiscal effect.

2. State fiscal effect in dollar amounts:

1997-99 Biennium		1999-2001 Biennium		2001-03 Biennium	
General Fund	Special Funds	General Fund	Special Funds	General Fund	Special Funds

Revenues:

Expenditures:

3. What, if any, is the effect of this measure on the appropriation for your agency or department:

- a. For rest of 1997-99 biennium: None
- b. For the 1999-2001 biennium: None
- c. For the 2001-03 biennium: None

4. County, City, and School District fiscal effect in dollar amounts:

1997-99 Biennium			1999-2001 Biennium			2001-03 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

If additional space is needed, attach a supplemental sheet.

Signed *Sparb Collins*

Typed Name Sparb Collins

Department P.E.R.S.

Phone Number 328-3901

Date Prepared: 1-29-99

FISCAL NOTE

(Return original and 10 copies)

Bill/Resolution No.: HB 1452 Amendment to: \_\_\_\_\_

Requested by Legislative Council Date of Request: 1-20-99

- 1. Please estimate the fiscal impact (in dollar amounts) of the above measure for state general or special funds, counties, cities, and school districts.

Narrative:

Assumes 27 procedures per year at an average cost of \$1,500 per procedure. Also assumes this would not become effective for PERS until July 1, 2001.

- 2. State fiscal effect in dollar amounts:

Table with 7 columns: 1997-99 Biennium (General Fund, Special Funds), 1999-2001 Biennium (General Fund, Special Funds), 2001-03 Biennium (General Fund, Special Funds)

Revenues:

Expenditures: 29,500 51,500

- 3. What, if any, is the effect of this measure on the appropriation for your agency or department:

- a. For rest of 1997-99 biennium: None
b. For the 1999-2001 biennium: None
c. For the 2001-03 biennium: None

- 4. County, City, and School District fiscal effect in dollar amounts:

Table with 9 columns: 1997-99 Biennium (Counties, Cities, School Districts), 1999-2001 Biennium (Counties, Cities, School Districts), 2001-03 Biennium (Counties, Cities, School Districts)

If additional space is needed, attach a supplemental sheet.

Signed Sparb Collins

Typed Name Sparb Collins

Department P.E.R.S.

Date Prepared: 1-25-99

Phone Number 328-3901



**PROPOSED AMENDMENTS TO HB 1452**

Page 1, line 17, after "hospital" replace ";" with "or"

Page 1, line 17, after "center" delete "~~;-or an oral surgery clinic~~"

VK  
2/1/99

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1452

Page 1, line 17, replace the first comma with "or" and remove ", or an oral surgery clinic"

Renumber accordingly

Date: 2-1-99  
 Roll Call Vote #: 5

**1999 HOUSE STANDING COMMITTEE ROLL CALL VOTES**  
**BILL/RESOLUTION NO. 1452**

House Human Services Committee

Subcommittee on \_\_\_\_\_

or

Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken Do NOT Pass As Amended

Motion Made By Todd Porter Seconded By Amy Kliniske

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price - Chairwoman	X		Bruce A. Eckre		X
Robin Weisz - Vice Chairman	X		Ralph Metcalf		X
William R. Devlin	X		Carol A. Niemeier		X
Pat Galvin		X	Wanda Rose		X
Dale L. Henegar	X		Sally M. Sandvig		X
Roxanne Jensen		X			
Amy N. Kliniske	X				
Chet Pollert	X				
Todd Porter	X				
Blair Thoreson	X				

Total Yes 8 No 7  
 Absent 0

Floor Assignment Pollert

If the vote is on an amendment, briefly indicate intent:

**REPORT OF STANDING COMMITTEE**

HB 1452: Human Services Committee (Rep. Price, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO NOT PASS** (8 YEAS, 7 NAYS, 0 ABSENT AND NOT VOTING). HB 1452 was placed on the Sixth order on the calendar.

Page 1, line 17, replace the first comma with "or" and remove ", or an oral surgery clinic"

Renumber accordingly

**1999 SENATE HUMAN SERVICES**

**HB 1452**

1999 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB1452

Senate Human Services Committee

Conference Committee

Hearing Date MARCH 15, 1999

Tape Number	Side A	Side B	Meter #
1	X		
Committee Clerk Signature <i>Carol Klodjchuk</i>			

Minutes:

The committee was called to order by SENATOR THANE with all members present.

REPRESENTATIVE SVEEN introduced bill HC1452. I am a retired dentist and what this bill pertains to is the young children. You can't do proper work without an anesthesia in a hospital at times.

JOE CICHY, ND Dental Association, explained bill and brought testimony from DR. BRENT HOLMAN, DDS. supporting the bill and also passed out testimony from SCOTT KLEIN, MD.

SENATOR DEMERS asked why they took out oral clinic in the House? DR. GOEBEL answered that oral surgeons have little training in restoring teeth. They can extract teeth very well, but saving the teeth is a different procedure.

MIKE GOEBEL, Pediatric Dentist, Bismarck, supports this bill. The bill will provide hospital setting with trained anesthesiologist when it is needed. I see one or two a month and you wish

you had a system to treat these little people. Pulling teeth is a past procedure. We try to save and restore teeth. This bill has no financial gain for dentists. Hospitals are not as efficient as a dental office, because the procedures require a time lapse between patients that do not happen in the dental office. This is a necessary procedure for the patients well-being. Primary teeth serve many purposes; they help form growth of the jaw and permanent teeth. Decay starts at 1 year of age. They may be on the bottle or nursing a good part of the night; when the enamel is gone, cavities progress quickly.

KEVIN HESSINGER, Certified Registered Nurse Anesthetist, Bismarck, supports bill in written testimony.

SANDRA ANSETH, Division Director of Control on Child Health Division, presented testimony from KATHLEEN MANGSKAU, the Oral Health Program Director, ND Dept of Health.

SENATOR THANE: Why don't parents take responsibility for keeping children free from things we know will harm their teeth. MS. ANSETH responded that there are educational programs out there, but if the situation doesn't directly affect you at the moment, you may not remember them. The education campaign needs to be out many times.

DAN ULMER: BC/BS. We already cover this kind of treatment; but we are opposed to mandating.

The hearing was closed on HB1452.

SENATOR LEE moved a DO PASS. SENATOR DEMERS seconded it. Discussion was held.

SENATOR KILZER stated that this is particularly important in an uncooperative child. Some

Page 3

Senate Human Services Committee

Bill/Resolution Number Hb1452

Hearing Date *Click here to type Hearing Date*

medications cause gingivitis. I don't like mandates, but there comes a time to mandate. Roll call

vote carried 6-0-0. SENATOR KILZER will carry the bill.



Date: 3/15/99  
Roll Call Vote #: 1

1999 SENATE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. HB 1452

Senate HUMAN SERVICES COMMITTEE Committee

Subcommittee on \_\_\_\_\_  
or  
 Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken Do Pass

Motion Made By Sen Lee Seconded By Sen DeMers

Senators	Yes	No	Senators	Yes	No
Senator Thane	✓				
Senator Kilzer	✓				
Senator Fischer	✓				
Senator Lee	✓				
Senator DeMers	✓				
Senator Mutzenberger	✓				

Total 6 (yes) 0 (no)

Absent 0

Floor Assignment Sen Kilzer

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE (410)  
March 15, 1999 1:41 p.m.

Module No: SR-46-4796  
Carrier: Kilzer  
Insert LC: . Title: .

**REPORT OF STANDING COMMITTEE**

HB 1452, as engrossed: Human Services Committee (Sen. Thane, Chairman)  
recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING).  
Engrossed HB 1452 was placed on the Fourteenth order on the calendar.

**1999 TESTIMONY**

**HB 1452**

Chairman Price and Members of the Committee

The North Dakota Society of Anesthesiologists is in favor of House Bill 1452. If in the opinion of the dentist or oral surgeon a child requires hospitalization for a dental procedure, this procedure would invariably require anesthetic agents or anxiolytics. When these drugs are administered appropriate monitoring and professional services are required. In order to ensure patient safety this care should be covered appropriately.

For these reasons the North Dakota Society of Anesthesiologists is in favor of House Bill 1452.

Thank you, if you have any questions regarding my testimony please feel free to contact me.

Scott Klein, M.D.

701-224-7500

January 27, 1999

**Testimony before House Human Services Committee**

Fort Union Room

Representative Clara Sue Price, Chairman

**House Bill 1452**

Presented by Brent L. Holman, DDS

I am a pediatric dentist from Fargo and would urge your support of HB 1452. This bill was drafted to clarify the standard of care among medical insurers relating to hospital and anesthesia charges for dental treatment completed under general anesthesia. These are medical costs by medical providers billed to medical insurers for dental treatment in the medical environment. Small children, patients with special medical problems, and developmentally-disabled patients sometimes have significant dental disease requiring extensive treatment under general anesthesia. These are patients deemed unmanageable in an outpatient dental setting. Blue Cross/Blue Shield generally covers these cases when they meet the criteria specified in the bill and are pre-authorized. For this small number of patients, lack of treatment leads to more costly treatment and according to a survey in 1995, comparable results and outcomes are achieved less than half the time when general anesthesia is denied by medical insurers. Acute facial infections are traumatic and more costly to deal with in this population. The unparalleled benefits of preventive dentistry are effectively denied to this group of patients when the family receives the rejection letter from their insurance company and do not go forward with the treatment. Even with coverage, neither the patient, parent, or dentist have any incentive to go to the operating room due to the perceived risks and time-intensive preparation needed to access the medical system. Society has evolved to the point where the other options...physical restraint and/or conscious sedation in the dental office...are fraught with legal risk, parental disdain, apprehension, and lack of consent. General anesthesia is seen as the only humane way to

complete treatment for this select group of patients, just as it would be for a child having ear tubes placed or a mole removed by an M.D. Exclusion of dentistry is a purely traditional, arbitrary decision made by medical insurers. Currently, 12 states have legislation similar to this bill that clarifies and defines the standard of care.

We do not see this as a mandate in the traditional sense because 60 - 70% of the insureds in North Dakota already have this standard of care with Blue Cross/Blue Shield taking the lead on this issue. We applaud them for their understanding of the right thing to do for this limited group of patients. The North Dakota Dental Association estimates the cost of this bill to the non-Blue Cross/Blue Shield medical insurers to be between 29 and 51 cents per insured per year in North Dakota. You'd have to ask the insurers whether this negligible cost would have a material effect on premiums or whether their expected opposition would be primarily philosophical.

In closing, I would like you to ask yourself what the "right thing" to do would be in this case. If you accept the morally and intellectually-prudent reasons given to support this bill, then ask yourself whether you should vote "no" solely because you perceive this to be a mandate, even though it affects only 30 - 40% of the market and the estimated cost is negligible. We appreciate your thoughtful consideration. Thank you.

# DENTISTRY UTILIZING GENERAL ANESTHESIA IN NORTH DAKOTA SEPTEMBER, 1998

## North Dakota Dental Association

Region	(1) Cost/Case	(2) # of Cases Per Year	ND BC/BS Cases Per Year	Total Costs	ND BC/BS Costs	Non-ND BC/BS Total Costs/Year
North Central District	\$ 2,382	4	0	\$ 9,528	\$ -0-	\$ 9,528
Northwest District	\$ 2,000	20	10	40,000	20,000	20,000
Central District	\$ 2,000	2	0	4,000	-0-	4,000
Missouri Slope	\$ 2,569	4	2	10,276	5,138	5,138
Northeast District	\$ 2,160	45	40	97,200	86,400	10,800
West Slope	\$ -0-	0	0	-0-	-0-	-0-
Southeast District	\$ 1,209	109	40	131,781	48,360	83,421
		<u>184</u>	<u>92</u>	<u>\$ 292,785</u>	<u>\$ 159,898</u>	<u>\$ 132,887</u>

Average Cost/Case = \$1,483

(1)  includes hospital facility charge and all anesthesia charges - **does not** include dental fees.

(2) Total non-medicaid cases insured and uninsured.

Total Number of Insured Lives in North Dakota ..... = 420,000 (Source - ND Health Department)

2.6 Insured Lives/Household in North Dakota ..... (Source - ND Health Department)

Net Insured Households in North Dakota ..... = 161,538

Total Non-BC/BS Costs/Year ..... = \$122,887

Cost/Year Per Household in ND for Non-BCBS Costs for  
Dentistry Under General Anesthesia ..... = \$ 0.76

Cost/Year Per Insured Person in ND for Non-BCBS Costs  
for Dentistry Under General Anesthesia ..... = \$ 0.29

**ADDENDUM:** North Dakota Blue Cross Blue Shield estimates the total number of BC/BS cases per year to be closer to 140 versus our estimate of 92. They estimate the average cost per case to be \$1,300 versus our estimate of \$1,483. If you accept our total number of cases per year to be an accurate number, then the non-BC/BS cases would be less if you used the Blue Cross Blue Shield estimate of 140 BC/BS cases per year. By any method, our cost per household and per insured would still be well under a dollar per year for any generous estimate of the cost of a mandate.

*Statement of*

Kathleen A. Mangskau, RDH, MPA  
*Oral Health Program Director  
North Dakota Department of Health*

HB No. 1452

*Regarding*

Required Insurance Coverage for Dental Anesthesia and Hospitalization

*Before the*

House Human Services Committee

January 27, 1999

Good afternoon Madam Chair and members of the House Human Services Committee. My name is Kathleen Mangskau. I am the Oral Health Program Director in the Division of Maternal and Child Health of the North Dakota Department of Health. The provisions of HB 1452 require health insurers to provide coverage for general anesthesia and hospitalization for children when they are unable to receive treatment in a dental office.

The 1995 Behavioral Risk Factor Surveillance System (BRFSS) showed 41 percent of North Dakota residents had dental insurance coverage that paid for all or some of their dental care compared to 89 percent of residents that had health care coverage. For those who do have health care coverage, their insurance often does not cover dental health services, even when those services require general anesthesia and hospitalization. The Oral Health Program receives calls every year from 12-15 families or health care providers who report children with serious dental treatment needs requiring general anesthesia and hospitalization.



Most of the families are two-parent families with mom and dad working at minimum-wage jobs and, therefore, are unable to afford their child's necessary dental treatment. In most cases, the children are between the ages of one and five, and have baby bottle tooth decay—a severe form of decay affecting very young children. Because these families have medical insurance coverage and are working, they are not eligible for Medicaid, the Caring for Children Program, nor would they be eligible for the proposed Child Health Insurance Program. The total cost of treatment for a child with “baby bottle tooth decay” may range between \$2500-\$4000. Of that amount, the cost of general anesthesia and hospitalization usually averages \$1200-\$1500; about 35 to 40 percent of the total cost of treatment.

The Department works with local health care providers to try and find community groups who will assist families who are unable to afford dental services that must be preformed under general anesthesia. Sometimes it takes a couple of months to raise the money needed for the child's treatment. In other cases, the child ends up in the hospital emergency room with a severe abscess before a solution is found.

\* \* \*

The Department is pleased to provide this information about its oral health program and some of the problem cases about which we have received information and for which we have assisted in arranging care.

Madam Chair, this completes my formal testimony. I would be pleased to answer any questions that you or other members of the committee have regarding dental anesthesia and hospitalization coverage for dental care.

North Dakota Association of Nurse Anesthetists  
P.O. Box 1755  
Bismarck, ND 58502-1755  
[www.aptnnd.com/ndana](http://www.aptnnd.com/ndana)

**Testimony of the  
North Dakota Association of Nurse Anesthetists  
on HB 1452**

Good afternoon Madame Chairman and members of the House Human Services Committee. My name is Lori Bazey, I am a Certified Registered Nurse Anesthetist (CRNA) from Grand Forks, and am honored to serve as President of the North Dakota Association of Nurse Anesthetists.

The NDANA is comprised of 181 nurse anesthetists providing anesthesia services to North Dakota hospitals, ambulatory surgical centers, both Air Force bases, and independent physician and dental clinics.

We support HB 1452, which would provide dental anesthesia and hospitalization coverage to children and the disabled who otherwise would not receive proper treatment of dental disease, and urge a *Do Pass* Recommendation.

Madame Chairman and Committee Members: Thank you for the opportunity to testify before you this afternoon.

## HB 1452

Brent L. Holman DDS

I am a pediatric dentist from Fargo and would urge your support of HB 1452. This bill was drafted to clarify the standard of care among medical insurers relating to hospital and anesthesia charges for dental treatment completed under general anesthesia. These are medical costs by medical providers billed to medical insurers for dental treatment in the medical environment. Small children, patients with special medical problems, and developmentally disabled patients sometimes have significant dental disease requiring extensive treatment under general anesthesia. These are patients deemed unmanageable in an outpatient dental setting. Blue Cross/Blue Shield generally covers these cases when they meet the criteria specified in the bill and are pre-authorized. For this small number of patients, lack of treatment leads to more costly treatment and according to a survey in 1995, comparable results and outcomes are achieved less than half the time when medical insurers deny general anesthesia. Acute facial infections are traumatic and more costly to deal with in this population. The unparalleled benefits of preventive dentistry are effectively denied to this group of patients when the family receives the rejection letter from their insurance company and do not go forward with the treatment. Even with coverage, neither the patient, parent, or dentist has any incentive to go to the operating room due to the perceived risks and time-intensive preparation needed to access the medical system. Society has evolved to the point where the other options.... physical restraint and/or conscious sedation in the dental office...are fraught with legal risk, parental disdain, apprehension, and lack of consent. General anesthesia is seen as the only humane way to complete treatment for this select group of patients, just as it would be for a child having ear tubes placed or a mole removed by an M.D. Exclusion of dentistry is a purely traditional, arbitrary decision made by medical insurers. Currently, 12 states have legislation similar to this bill that clarifies and defines the standard of care.

We do not see this as a mandate in the traditional sense because 60-70% of the insured in North Dakota already has this standard of care with Blue Cross/Blue Shield taking the lead on this issue. We applaud them for their understanding of the right thing to do for this limited group of patients. The North Dakota Dental Association estimates the cost of this bill to the non-Blue Cross/Blue Shield medical insurers to be between 29 and 51 cents per insured per year in ND. You'd have to ask the insurers whether this negligible cost would have a material effect on premiums or whether their expected opposition would be primarily philosophical.

Both the purchaser and the beneficiary usually poorly understand exclusion of hospital-related benefits for dental care at the time of contract purchase. While it is clear if dental benefits are provided, it is not clear if medical benefits will be denied when dental care is provided. There is little consistency in the insurance industry regarding such benefits, even though in North Dakota, Blue Cross/Blue Shield currently covers most of these procedures when adequately documented. There is a need for an industry-wide standard of care, which honestly deals with the problem and gives beneficiaries what they think they are paying for.... coverage for medical costs. Thank you for your consideration of this problem. Please vote **for** HB 1452.

*Carla J. Broadland  
90 2<sup>nd</sup> Avenue North  
Wahpeton, ND 58075  
(701) 642-9346*

To: North Dakota Senators  
From: Carla J. Broadland  
Date: February 24, 1999  
Subject: Pending Legislature

It has come to my attention that there is pending legislation requiring all insurance companies to cover the cost of anesthesia. I would simply like to share my experience with you. My son has had problems with his teeth since he was approximately four years of age. After many dental appointments, it had become next to impossible to calm him down. His fear began days in advance to his next visit. Due to the amount of work that needed to be completed, it was recommended that he have general anesthesia in a local hospital. My medical insurance would not cover any costs incurred. There are no words that I could share with you to describe the frustration I felt at this time. I was a single parent with two children. I held two jobs and worked approximately 65 hours a week and I still could not have the work performed because it was above my means.

My son has experienced much pain and discomfort that could have been avoided if we would have been allowed to have this procedure completed.

I ask you for your support on this to save many other children the pain my son has had to deal with and the frustration that I felt since I could not alleviate the problems.

Thank you for your consideration.

To Whom It May Concern:

We have been informed, by our daughter's pediatric dentist Dr. Holman, that you are currently reviewing the recently passed House bill that would require insurance companies to cover general anesthesia in certain dental treatments. As parents who have faced this situation and struggled for more than three years we feel very qualified to tell you why this bill must be passed

Our daughter was two years old when we were referred to Dr. Holman by our family dentist. She had serious decay in her molars and resisted treatment in the family practice. Dr. Holman informed us he would attempt to treat her under conscious sedation which may help put her at ease. We attempted this course and it was unsuccessful. We were then told of an alternative treatment under general anesthesia that would allow us to complete all the necessary treatment. Given our daughter's age and the extent of decay. It was a great alternative. We contacted our insurance company and were denied as it was not deemed "medically necessary". The representative told us it was the dentist's job to put her at ease and they would not cover anything incurred outside of his office. Under Dr. Holman's care we returned to his office every six months, hoping she would be ready for treatment. After about a year and a half years she suffered two abscesses and one of the molars had to be extracted (the insurance company covered the space maintainer 100%) This was now our second attempt at conscious sedation and thankfully she was cooperative. We were now very hopeful that she would be able to complete the treatments needed to get her teeth fixed so we scheduled another appointment. Unfortunately, we were once again unsuccessful and we could no longer delay her treatment. She needed six crowns and if it wasn't treated immediately, she would have no molars until her permanent teeth came in at the age of 10-12 not to mention the fact that our daughter lived with discomfort almost every day. Once again we contacted the insurance company and asked them to review our case again and that the treatment was critical for her dental health. We had attempted conscious sedation three times as a result of their refusal to pay for the alternate treatment, we could not force a four-year-old to cooperate and this was our last hope. They said a supervisor would review her case and let us know. Three months later we were once again denied, reason given not "medically necessary." We went ahead and had the surgery done and for the first time in two years, we have not heard "my teeth hurt." Our experience has left us more wary and none the wiser regarding our options. The insurance company treated us as if they knew more about what our daughter needed than the professional who cared for her. We would wait for months too here from them only after numerous phone calls and prompting by us. But the most distressing part of the whole affair was in learning that the insurance company has the power to determine what is medically necessary for our children. We feel this authority should not be in the hands of indifferent representatives, it should be placed with the professionals who provide the care needed in these extreme circumstances.

Thank you for your time and attention to this critical matter. We feel you will be doing the people of North Dakota a great service by passing this bill.

Respectfully,  
Bruce and Dori Gaughan  
Casselton, North Dakota

North Dakota Association of Nurse Anesthetists  
**P.O. Box 1755**  
**Bismarck, ND 58502-1755**  
**[www.aptnnd.com/ndana](http://www.aptnnd.com/ndana)**

**HB 1452**

**Testimony,**  
**North Dakota Association of Nurse Anesthetists,**  
**Monday, March 15, 1999**  
**Senate Human Services Committee**

Chairman Thane, members of the Senate Human Services Committee:

Good morning. My name is Kevin Hessinger, I am a Certified Registered Nurse Anesthetist from Bismarck, and am honored, as President-elect, to be testifying on behalf of the North Dakota Association of Nurse Anesthetists.

The NDANA represents nurse anesthetists in North Dakota who are providing anesthesia services to North Dakota hospitals, ambulatory surgical centers, both Air Force bases, and independent physician and dental clinics.

NDANA supports HB 1452, which would provide dental anesthesia and hospitalization coverage to children and the disabled who otherwise would not receive proper treatment of dental disease, and urge a *Do Pass Recommendation*.

Mr. Chairman and Committee members, thank you for the opportunity to testify before you this morning. I will be happy to answer any questions you may have.

*Statement of*

Kathleen A. Mangskau, RDH, MPA  
*Oral Health Program Director*  
*North Dakota Department of Health*

HB No. 1452  
Regarding  
Required Insurance Coverage for Dental Anesthesia and Hospitalization

*Before the*  
Senate Human Services Committee

March 15, 1999

Good morning Mr. Chairman and members of the Senate Human Services Committee. My name is Kathleen Mangskau. I am the Oral Health Program Director in the Division of Maternal and Child Health of the North Dakota Department of Health. The provisions of HB1452 provide an opportunity for some families in the state to receive much-needed dental services for their children.

The 1995 Behavioral Risk Factor Surveillance System (BRFSS) showed 41 percent of North Dakota residents had dental insurance coverage that paid for all or some of their dental care compared to 89 percent of residents that had health care coverage. For those fortunate enough to have health care coverage, the health insurance often is not comprehensive and usually does not cover dental health services even when those services require general anesthesia and hospitalization.

The Oral Health Program receives calls every year from 12-15 families or health care providers who report children with serious dental treatment needs requiring general anesthesia and hospitalization. Most of the families are two-parent families with mom and dad working minimum-wage jobs unable to afford their child's necessary dental treatment. In most cases, the children are between the ages of one and five, and have baby bottle tooth decay—a severe form of decay affecting very young children. The estimated treatment costs often range from \$2500-\$4000 and the families have no means to pay for the care. Because these families have medical insurance coverage and are working, they are not eligible for Medicaid, the Caring for Children Program, nor would they be eligible for the proposed Child Health Insurance Program. These families do not have the discretionary income of \$2500-\$4000 for dental care for their child. The cost of general anesthesia and hospitalization usually runs around \$1000-\$1300 or about 25-30 percent of the cost of treatment. We work with local health care providers to try and find community groups who will assist these families. Sometimes it takes a couple of months to raise the money needed for the child's treatment. In other cases, the child ends up in the hospital emergency room with a severe abscess before a solution is found. HB 1452 would provide a means to assist some of the families in getting the much-needed dental care for their child in a safe and effective manner.

Mr. Chairman, this completes my formal testimony.

**Chairman Thane and Members of the Committee**

The North Dakota Society of Anesthesiologists is in favor of House Bill 1452. If in the opinion of the dentist or oral surgeon a child requires hospitalization for a dental procedure, this procedure would invariably require anesthetic agents or anxiolytics. When these drugs are administered appropriate monitoring and professional services are required. In order to ensure patient safety this care should be covered appropriately.

For these reasons the North Dakota Society of Anesthesiologists is in favor of House Bill 1452.

Thank you, if you have any questions regarding my testimony please feel to contact me.

Scott Klein, M.D.

701-224-7500